CIVITAS OXONIENSIS

FORTIS EST VERITAS

# CITY OF OXFORD

# ANNUAL REPORT

of the

# MEDICAL OFFICER OF HEALTH

for the year

1961

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Mr. Chairman, Ladies and Gentlemen,

This is my fourteenth Annual Report and is compiled in accordance with Ministry of Health Circular 1/62.

There was a further increase in the number of births but, whilst this must be welcomed, it is a sad commentary that about one in ten are illegitimate. The stillbirth rate was again low and the infant mortality rate the second lowest on record. In recent years, Oxford has had one of the lowest perinatal mortality rates in the country. This is shown by the survey conducted by the National Birthday Trust Fund, which covered the two triennial periods of 1953-55 and 1956-58, and in which Oxford, with a figure of 30.0, had the seventh lowest rate of the 145 local health authorities in England and Wales (average rate 36.5). The corresponding perinatal mortality figure for Oxford in 1961 is even better at 24.39. Such consistently good records reflect the excellence of the maternity and paediatric services in this City.

The death rate remained well below that for England and Wales but the 214 cancer deaths were the highest on record and, of these, the greatest number, namely 55 (44 males, 11 females), were due to lung cancer; which is also the highest figure so far recorded in this City. This means that each week at least one Oxford citizen dies from what is largely a preventable disease. People quite rightly flock to the clinics to be protected against other serious but relatively uncommon diseases such as poliomyelitis, smallpox, diphtheria and tuberculosis (total deaths 5), but seem unwilling or incapable of taking the even simpler preventive measure of reducing or preferably stopping their smoking habits. The ideal, of course, is never to start smoking but if any progress is to be made in this direction it must be by the example of adults. The importance of "do as I do", rather than "do as I say", cannot be overexaggerated.

Whereas breast cancer accounted for 27 deaths, there were only 4 deaths from cancer of the uterus and, of these, 2 were over 75 years of age. Attention is drawn to this relatively fortunate position with regard to cancer of the womb because there is increasing discussion about the value of and need for cervical cancer cytology detection services. It is of some interest that there were only 2 deaths from diabetes as this is another disease in which the value of mass detection surveys is under consideration.

As in recent years, there were remarkably few deaths from the infectious diseases. There were only 5 deaths from pulmonary tuberculosis and all were over the age of 45 years. There were 7 deaths from gastro-enteritis but only one occurred in an infant, whereas 5 were in elderly persons over the age of 75.

The Blackbird Leys Health Centre has now completed two years of activity and has continued to run smoothly. The Centre was planned for an estate of 5,000 but it seems that, as a result of change of policy, there may eventually be a population of at least 8,000 and in this event the Health Centre may require enlargement. One doctor continues to

practise wholly from the Health Centre and there are now six other general practitioners undertaking between them a total of 13 surgery sessions per week. There is increasing integration between the general practitioner and local health authority services as instanced by the fact that two general practitioners hold their own antenatal clinics attended by midwives, and two child welfare clinics restricted in each case to practice patients are also taken by general practitioners with health visitors in attendance. Having regard to the extensive services provided, the Health Centre is proving to be most economical. When planning the Health Centre, the net annual running costs were estimated at £1,500 and in 1960/61 they proved to be £1,543, whereas in 1961/62 they increased to £2,490, due mainly to the extended need for clerk/receptionist facilities arising out of the greater use of the Centre. In May, the Health Centre was honoured by a visit from the Minister of Health, and in November the Annual General Meeting of the Oxford Division of the British Medical Association was held at the Centre when the Chairman's Address was given by your Medical Officer of Health with the very appropriate title of "Health Centres".

There was a substantial increase in the number of patients carried by the Ambulance Service, a figure which has doubled within the last ten years. There was also an increase in the total mileage but this is still slightly less than it was ten years ago. Oxford was one of the pioneers of radio control and this year, as a result of a Post Office regulation reducing the radio frequency from 50 Kcs to 25 Kcs, an extensive survey of the area covered was made by four leading manufacturers of radio telecommunications apparatus. As a result, it was demonstrated that a system of frequency modulation was much superior to that of amplitude modulation. The changeover to the new system is now nearing completion and, in addition to an improved service, will dispense with the G.P.O. land-line from Boars Hill. Included in the new scheme is the establishment of a direct radio link between all ambulance vehicles and the Casualty Department at the Radcliffe Infirmary. This will enable two-way conversation between the ambulance staff at the scene of an accident and doctors in the Casualty Department. A second vehicle has been equipped with the hydraulic step referred to in last year's Report and both such vehicles are proving invaluable in conveying patients to and from Cowley Road Day Hospital.

There was again a slight reduction in the number of new cases dealt with by the District Nursing Service and once again reference should be made to the fact that on average only one request a week is received directly from the hospital service. At the time of the peak load in March, there was some staff sickness and under these difficult circumstances much-appreciated help was given by members of the B.R.C.S. and nurses on the National Hospital Services Reserve. Patients over 65 years now account for two-thirds of all visits. Fewer antibiotic injections were required and the use of disposable syringes and needles was invaluable

during the period of staff shortage. A portable hydraulic patient hoist has been acquired. The two branch homes have been adapted to run as independent units. Two training courses were held but, owing to inability to fill the vacant post of Assistant Superintendent, candidates went to Reading for their lectures.

There have been increasing demands on the Home Help Service, particularly from the chronic sick and aged and infirm, and to meet this additional part-time staff have been recruited. Successful co-operation with the Children's Department has enabled a number of children to remain at home instead of being taken into care. A revised scale of assessment came into force at the beginning of 1962.

In the field of health education, particular attention has been given during the year to the problems of immigrants, venereal disease, and sex education. With reference to the latter subject, a list of suitable books, leaflets, and visual aids has been compiled and made available to teachers. Further discussions have taken place towards establishing a system of routine health education (including sex) throughout all primary and secondary schools in the City.

Miss E. M. Targett, who founded the Occupational Therapy Section of the Department in 1951 and has been Head Occupational Therapist for the last ten years, resigned on marriage. She has built up a most successful service and left with the best wishes of her colleagues and the many severely handicapped patients whom she has helped.

With regard to the infectious diseases, the measles outbreak which commenced towards the end of the previous year continued until June and resulted in the highest number of notified cases since 1953. There was a reduction in the number of scarlet fever patients thus reversing the slight upward trend in recent years. There were no outbreaks of food poisoning. There was a slight increase in Sonne dysentery, mainly in the early months of the year. In the autumn, there was an increased incidence of infective hepatitis particularly amongst school children in the Wood Farm and Headington areas.

The importance of achieving and maintaining a high level of immunisation and vaccination against a number of serious infectious diseases continues to increase. That we are being relatively successful is shown by the following information contained in statistics for 1961 recently published by the Ministry of Health. With reference to protection against poliomyelitis, the percentage vaccinated figure for those under the age of 19 in England and Wales is 82, whereas for Oxford it is 96 and this is the highest figure for all 83 County Boroughs. Similarly for diphtheria immunisation under 5 years of age, whereas the national figure is 64%, that for Oxford is 85%, again giving this City first place. With regard to whooping cough vaccination, Oxford comes third with 88% compared with the national figure of 69%. In connection with smallpox vaccination under the age of one year, the national figure is 40% whereas Oxford has achieved 66%, making us equal fourth. If these results are aggregated,

it would seem that we could justifiably claim that Oxford is top of the league table for all County Boroughs in England and Wales in this important aspect of preventive work. Our success is attributed to the good sense of Oxford parents, to the readily available facilities at all child welfare clinics, and to the persuasive efforts of health visitors, general practitioners and clinic doctors. There must, however, be no complacency as even better results could and should be achieved.

The programme for poliomyelitis vaccination was complicated by sudden changes of national policy as well as by a shortage of vaccine in the autumn. In April, fourth doses were introduced for school children between 5 and 12. Early in 1962, Sabin oral vaccine was made available and has now almost entirely replaced Salk vaccine as the method of choice. Towards the end of the year, we agreed to take part in a trial of the use of tissue culture smallpox vaccine.

The number of notifications of tuberculosis were fewer than ever before, but out of 58 pulmonary cases 14 occurred in immigrants. This is a position that cannot be regarded with complacency as such cases are very difficult to deal with, both because of language difficulty and the overcrowded conditions in which they are usually found to be living.

In the field of venereal diseases, although syphilis is almost non-existent, cases of gonorrhoea were the highest for the last 25 years, and it is of some significance that 37% of all new cases of acute gonorrhoea occurred amongst immigrants. It is extremely difficult to trace the female contacts of such cases. Grateful thanks are due to Miss A. Jackson, Almoner to the V.D. Department at the Radcliffe Infirmary, for her co-operation in relation to preventive and follow-up work. Because of the present importance of this subject, a special report prepared by Dr. John, Assistant Medical Officer of Health, has been included.

As a result of the increased birth rate, there was extreme pressure on maternity hospital beds throughout the year and this led to the adoption of the unsatisfactory policy of "early discharge" for an increasing number of patients. It was necessary to appoint an additional part-time domiciliary midwife to deal with this situation. For many years now there has been a complete partnership between general practitioners and the local health authority maternity services, and gradually general practitioners working closely with the City midwives have taken over practically all routine antenatal care. This has been an encouraging development and underlines the justifiable need for more general practitioner maternity beds in Oxford. At present many perfectly normal deliveries are being conducted in expensive consultant beds simply on the grounds that the home is unsuitable for a domiciliary delivery.

The number of health visitors has been below establishment throughout the year but even so more visits have been made. This has probably resulted from the fact that practically all health visitors now have the use of a car, and that several are de-centralised working from clinics in their areas. There has been further progress in the scheme of attaching health

visitors to general practice partnerships, and there are now five full-time and three half-time attachments. This means that more than a third of general practitioners are working in this eminently suitable way with more than a third of the health visitors. Experience shows that generally it is only after working in this close relationship for several months that general practitioners really begin to understand and appreciate the work of health visitors.

During the year two purpose-built clinic premises were opened, one sited between the baths and the library to serve the Cowley district, and the other attached to the new library in South Parade and serving the Summertown district. There was again an increase in the number of children attending the 26 regular weekly child welfare clinics. These now include five clinics taken by general practitioners and restricted to patients from each individual practice but otherwise run precisely as all other local authority child welfare clinics.

In June, the Ministry of Health announced increased charges for vitamin preparations and this led to a substantial fall in the sale of both cod liver oil and orange juice. These important vitamin preparations are given primarily to prevent two serious diseases, namely rickets and scurvy, which were once prevalent but have become virtually non-existent in this country. However, a careful watch must be kept on the position because at the time of writing this Report there are two cases of scurvy in the Paediatric Department at the Radcliffe Infirmary. Mothers should not place too much reliance on commercial fruit juices or babies' tinned foods where the vitamin content is often quite inadequate for the growing child.

Because of the possible risk of radio-active iodine in cows' milk as a result of the series of Russian nuclear tests, arrangements were made for the distribution of evaporated and dried milk to all babies under one year. Fortunately the level of radio-active iodine did not increase significantly.

The Children's Department, acting in their capacity as an adoption agency, have enlisted the help of the Health Department in undertaking the exacting medical examination of children to be placed with prospective adopters.

The Paediatric Department kindly supply details of cases of accidental poisoning of young children, and as previously, drugs and dangerous household substances headed the list. Drugs should always be properly labelled and kept in a locked cupboard, and potentially dangerous household articles should be kept well out of the way of young children.

In the field of mental health the amount of domiciliary supervisory work has rapidly increased. The work of the Section in this respect is very closely integrated with both Littlemore and the Warneford Hospitals. Building should start soon on a new purpose-built hostel for 20 subnormal children under the age of 16 on a site adjoining the Training Centre at Littlemore. Suitable premises for conversion for use as a hostel for subnormal males over the age of 16 are still being actively sought. A new

Senior Training Centre for 40 adults on land adjacent to the present Training Centre is under active consideration. The latter will then become a Junior Training Centre and should have room for a special care unit accommodating a small number of severely subnormal young children. Plans are also under active consideration for building a 30 bedded hostel for mentally-ill adults on Warneford Hospital land adjoining the Ambulance Station and approached from the Churchill Hospital Drive.

Cutteslowe Court was not completed until early in 1962, but the opening of this fourth purpose-built 60 bedded Home enabled the complete closure of The Laurels to take place. A start has been made on the next new home, Oseney Court, to serve the western districts of the City and, following this, will come a similar Home at Iffley Turn. Progress is thus being made towards the ideal of having a Home in each district of the City, so that those needing care and attention will be able to receive it in close proximity to familiar surroundings and near to their friends. At the same time each Home will act as a centre for old people in the district. The average age of residents in all City Council Old People's Homes is now 85. In spite of a very heavy waiting list, it has been possible to continue the very helpful short-stay holiday relief admissions.

We are indeed fortunate in this City in the amount and variety of help received from many local voluntary organisations in connection with the care and welfare of aged and handicapped persons, as the following list of organisations actively co-operating with the Welfare Section of the Department will demonstrate:—

Oxford Council of Social Service
British Red Cross Society
Women's Voluntary Service
Rotary Club of Oxford
Oxfordshire Spastics' Welfare Society
Oxford City and County Society for the Blind
Oxford Eye Hospital Patients' Welfare Fund
Oxford Diocesan Council for the Deaf
Oxford District Branch of the National Deaf Children's Society
Hard of Hearing Club
New Centre for the Deaf and Handicapped
Community Centres
Churches and Schools.

This list is almost certainly incomplete, but it does make an impressive record of the amount of voluntary help so freely given.

The question of temporary accommodation has remained a difficult problem but there have been fewer cases. The huts at the Slade Park have been put to good use, the necessary supervision and rehabilitation being undertaken by the Warden and his wife.

The Handicapped Workshops at the Red Barn continue to expand,

now having 6 blind and 11 disabled persons working full-time. The constant demand for goods manufactured within the Workshops has proved to be of great psychological benefit to these severely handicapped workers.

In the Section of the Report dealing with sanitary circumstances, Mr. Combey has compared conditions in 1920 when he started his local government service with the present day and this makes interesting reading and is a measure of progress achieved. The third smoke control area involving most of the University area was confirmed and will come into operation in September, 1962. The City is taking part in the national pollution survey organised by the Department of Scientific and Industrial Research. There has been an increasing interest in noise nuisance as a result of the Noise Abatement Act of 1960.

Further progress has been made with slum clearance and this should be completed within the next two years. The problem of multiple occupation of houses, particularly by coloured immigrants, is causing some concern. There is a need for more purpose-built small units of accommodation for old people.

In connection with food hygiene, there has been a growing interest in the sale of soft ice-cream in extrusion freezers fitted in mobile vehicles; this will require watching. There is a tendency to overload otherwise excellent frozen food cabinets. There is need for modernisation of the kitchens at the Radcliffe Infirmary. Considerable help has been given towards the difficult problem of dealing with pest infestation and particularly Pharoah's ants in such old and unsatisfactory premises. The Eastwyke Farm slaughterhouse modernisation scheme has had to await a decision regarding relief roads but is now under way.

Responsibility for the ambulance and welfare sections of the Civil Defence Corps continued to occupy the time of some members of the staff of the Health Department.

Amongst the staff resignations during the year were Dr. Audrey Bolton who left to get married and Mr. E. Edlington who was appointed to the post of Chief Public Health Inspector at Eastbourne where, as a matter of interest, the Deputy Medical Officer of Health is now Dr. Walter Wigfield, a former Assistant Medical Officer of Health in this Department. We were very sorry to lose Dr. Bolton but shared her happiness in her forthcoming marriage and we were all delighted at Mr. Edlington's well-deserved promotion. A further loss in the Public Health Inspectors' Section was the sudden death of Mr. L. W. J. Pearman in January, 1962. Mr. Pearman, who occupied the important post of Senior Clerical Assistant, had given 26 years very faithful service to the Department, and he has been very greatly missed. Mr. R. J. Crane, Senior Clerical Assistant in the Welfare Services Section of the Department, was successful in obtaining one of the very limited number of vacancies at the three experimental training courses for social workers started as a result of the Younghusband Report. He commenced his two year course in Birmingham in October.

Although I am responsible for this report, many members of my

staff, some named and others not mentioned personally, have contributed to it, and it is a very real pleasure and privilege to acknowledge, once again, the willing and able support I have received from all my staff throughout the year.

Finally, I should like to thank most sincerely the Chairman and all Members of the Health Committee for their kindly consideration and encouragement at all times.

Yours faithfully,

J. F. WARIN,
*Medical Officer of Health.*

# SECTION I

## COMMITTEE MEMBERS

### HEALTH COMMITTEE

*Chairman*: Councillor MEADOWS, A.I.S.T., M.R.S.H.

*Vice-Chairman*: Alderman Mrs. HARRISON-HALL, M.B., Ch.B., J.P.

Alderman Mrs. ANDREWS, M.B.E.
,, BROMLEY
,, Mrs. E. GIBBS
,, KINCHIN (Deputy Mayor)
,, Mrs. PRICHARD, O.B.E., M.A., J.P.
,, ROBERTS
Councillor BURTON
,, CONSTABLE, B.Sc., M.A.
Councillor DICKENS
,, GLAZER, M.B., B.S., F.F.A., D.A.
,, ROME
,, SIMPSON, M.B.E.
,, Miss SPOKES, M.A.
,, WHITE
,, Mrs. WOOD
,, Mrs. YOUNG, M.A.

Mrs. M. HOUGHTON, Mrs. O. Phipps } representing the Oxford County and City Executive Council.
Mr. A. W. Dent: representing the United Oxford Hospitals.

### MATERNITY, CHILD WELFARE AND HOME SERVICES SUB-COMMITTEE

*Chairman*: Councillor Mrs. YOUNG, M.A.

*Vice-Chairman*: Alderman Mrs. PRICHARD, O.B.E., M.A., J.P.

Alderman Mrs. ANDREWS, M.B.E.
,, Mrs. HARRISON-HALL, M.B., Ch.B., J.P.
Councillor DICKINS
Councillor MEADOWS, A.I.S.T., M.R.S.H.
,, Miss SPOKES, M.A.
,, Mrs. WOOD
Mrs. M. HOUGHTON

Mrs. H. C. BROWN, J.P.
Mrs. A. CAMPBELL
Mrs. E. COATE
Mrs. M. DEAN
} co-opted

### MATERNITY FINANCE SECTION

*Chairman*: Councillor Mrs. YOUNG, M.A.

*Vice-Chairman*: Alderman Mrs. PRICHARD, O.B.E., M.A., J.P.

Alderman Mrs. HARRISON-HALL, M.B., Ch.B., J.P.
Councillor MEADOWS, A.I.S.T., M.R.S.H.
Councillor Mrs. WOOD
Mrs. M. DEAN

### MOTHER AND BABY HOSTEL HOUSE SECTION

*Chairman*: Councillor Mrs. YOUNG, M.A.

*Vice-Chairman*: Mrs. M. DEAN

Alderman Mrs. PRICHARD, O.B.E., M.A., J.P.
Councillor MEADOWS, A.I.S.T., M.R.S.H.
,, Mrs. WOOD
Mrs. A. CAMPBELL
Mrs. E. COATE

### MENTAL HEALTH SUB-COMMITTEE

*Chairman*: Councillor MEADOWS, A.I.S.T., M.R.S.H.

*Vice-Chairman*: Alderman Mrs. PRICHARD, O.B.E., M.A., J.P.

Alderman Mrs. HARRISON-HALL, M.B., Ch.B., J.P.
,, ROBERTS
Councillor CONSTABLE, B.Sc., M.A.
,, ROME
Councillor SIMPSON, M.B.E.
,, Mrs. WOOD
,, Mrs. YOUNG, M.A.
Mrs. M. HOUGHTON
Mrs. O. Phipps

Mrs. H. C. BROWN, J.P., co-opted.

## WELFARE SERVICES SUB-COMMITTEE

*Chairman*: Alderman Mrs. E. Gibbs

*Vice-Chairman*: Alderman Mrs. Andrews, M.B.E.

Alderman Bromley
,, Mrs. Harrison-Hall, M.B., Ch.B., J.P.
,, Kinchin (Deputy Mayor)
,, Roberts
Councillor Burton
,, Constable, B.Sc., M.A.
Councillor Glazer, M.B., B.S., F.F.A., D.A.
,, Meadows, A.I.S.T., M.R.S.H.
,, Rome
,, Miss Spokes, M.A.
,, White
,, Mrs. Wood

Mr. J. G. Robinson, M.B.E., co-opted

## WELFARE SERVICES HOUSE SECTION

*Chairman*: Alderman Mrs. E. Gibbs

*Vice-Chairman*: Alderman Mrs. Andrews, M.B.E.

All members of the Welfare Services Sub-Committee

## GENERAL PURPOSES SUB-COMMITTEE

The Chairman and Vice-Chairman of the Health Committee, and of the Maternity Child Welfare and Home Services; Mental Health; and Welfare Services Sub-Committees, *ex-officio*; together with Alderman Roberts and Councillor Miss Spokes, M.A.

**Representatives of Health Committee on Joint Ambulance Committee**:

Alderman Mrs. Harrison-Hall, M.B., Ch.B., J.P.
Councillor Glazer, M.B., B.S., F.F.A., D.A.
,, Meadows, A.I.S.T., M.R.S.H.

**Representatives of Health Committee on Oxford Voluntary Tuberculosis Care Committee**:

Councillor Burton
,, Constable, B.Sc., M.A.
Councillor Dickins
,, Meadows, A.I.S.T., M.R.S.H.

## HOUSING COMMITTEE

*Chairman*: Councillor Rome

*Vice-Chairman*: Councillor Ingram

Councillor Burton
,, Mrs. Carr, B.A.
,, Chaplin (Sheriff)
,, Fagg
,, Fowler, M.A.
Councillor Keith-Lucas, M.A.
,, Mould
,, Simpson, M.B.E.
,, Mrs. Tribe
,, Williamson, M.A.

## HEALTH DEPARTMENT STAFF

*Medical Officer of Health*:
J. F. Warin, M.D., D.P.H.

*Deputy Medical Officer of Health*:
G. F. Willson, M.D., D.P.H.

*Senior Assistant Medical Officers of Health*
E. J. Coulter, M.B., Ch.B., D.P.H., D.C.H. (Maternity and Child Welfare).
E. M. Wallis, M.B., Ch.B., D.P.H., D.R.C.O.G. (General Purposes).

*Assistant Medical Officers of Health*:
A. M. Bolton, M.B., Ch.B., M.R.C.P., D.C.H. (Ceased 31.1.61).
H. H. John, M.B., B.Ch., D.P.H., D.C.H., D.R.C.O.G. (Commenced 1.8.61).
E. M. Love, M.B., Ch.B., D.P.H., D.R.C.O.G.
J. H. Tilley, M.B., B.Ch., D.P.H.
D. Ironside, M.B., Ch.B., D.P.H. (Part-time). (Ceased 20.5.61).
C. M. Phillips, B.M., B.Ch. (Part-time). (Commenced 23.1.61).
D. M. Roberts, M.B., B.S., M.R.C.S., L.R.C.P. (Part-time). (Commenced 23.1.61. Ceased 31.7.61).
M. Stewart, M.R.C.S., L.R.C.P. (Part-time).
M. Whitty, M.B., B.S. (Part-time). (Commenced 11.9.61. Ceased 31.12.61).

*Consultant Tuberculosis Officer (Part-time)*:
F. Ridehalgh, M.D., F.R.C.P.

*Principal Dental Officer*: . .
C. H. I. Millar, B.Sc., L.D.S.

*Assistant Dental Officer*:
Vacant.

*Chief Public Health Inspector*:
W. Combey, D.P.A., F.A.P.H.I., A.M.I.P.H.E. (*a*) (*b*) (*c*) (*d*).

*Deputy Chief Public Health Inspector*:
E. Edlington (*a*) (*b*) (*d*). (Ceased 31.12.61).

*District Public Health Inspectors*:
J. Burr (*f*).
K. England (*a*) (*b*).
K. O. Keighley (*a*) (*b*).
D. G. Lord (*f*). (Ceased 3.12.61).
J. P. Mullard (*a*) (*b*).
A. F. Pavey (*a*) (*b*).
J. G. Scott (*a*) (*b*) (*e*).
D. Watson (*a*) (*b*) (*d*).

*Pupil Public Health Inspectors*: 2.
(*a*) Sanitary Inspector's Certificate, Sanitary Inspector's Joint Board.
(*b*) Meat and Food Inspector's Certificate, Royal Society of Health.
(*c*) Sanitary Science Certificate, Royal Society of Health.
(*d*) Smoke Inspector's Certificate, Royal Society of Health.
(*e*) Testamur of Institute Public Cleansing.
(*f*) Public Health Inspectors' Certificate, Public Health Inspector's Joint Board.

*Van Driver*: 1. *Outside Public Health Assistants*: 3.

*Superintendent Health Visitor*:
Miss M. G. Atkinson (*a*) (*c*) (*d*) (*e*).

*Senior Health Visitor*:
Miss G. Davies (*a*) (*c*) (*d*).

*Health Visitors*:
Miss J. Barnett (*a*) (*c*) (*d*).
Miss D. Bree (*a*) (*c*) (*d*).

Miss M. Brown (*a*) (*c*) (*d*) (*e*).
Miss N. Crookall (*a*) (*d*).
Mrs. I. Eagle (*a*) (*c*) (*d*).
Miss B. M. Guy (*a*) (*c*) (*d*).
Miss K. J. Hayes (*a*) (*c*) (*d*).
Miss G. M. Lawrence (*a*) (*c*) (*d*).
Miss E. M. Maylam (*a*) (*c*) (*d*). (Ceased 27.12.61).
Miss D. Pyle (*c*) (*d*).
Miss H. Rankin (*a*) (*c*) (*d*).
Miss M. Salmon (*a*) (*d*).
Miss H. Spickernell (*a*) (*c*) (*d*). (Ceased 30.4.61).
Miss D. R. Tattersall (*a*) (*c*) (*d*).
Miss M. Willis (*a*) (*c*) (*d*). (Commenced 17.7.61).

*Student Health Visitors*:
6 1st year, 5 2nd year.

*Non-Medical Supervisor of Midwives*:
Miss P. Millar (*a*) (*c*).

*Midwives*:
Miss M. C. R. Fisher (*a*) (*c*).
Miss M. G. Foulds (*a*) (*c*). (Commenced 1.10.61).
Miss U. M. Hickey (*a*) (*c*). (Ceased 30.9.61).
Miss D. Inness (*a*) (*c*).
Miss M. R. Powell (*a*) (*c*).
Miss G. M. Stacy Marks (*a*) (*c*).
Miss G. M. Stewart (*a*) (*c*).
Miss M. E. Viner (*a*) (*c*).

*Superintendent District Nurses*:
Miss H. Longhurst (*a*) (*c*) (*d*) (*e*).

*Assistant Superintendent District Nurses*:
Mrs. G. A. Tidd (*a*) (*c*) (*d*) (*e*). (Ceased 27.5.61).

*Senior District Nurses*:
Miss D. M. King (*a*) (*c*) (*e*). (Transferred from District Nurse 1.4.61).
Miss H. M. Massey (*a*) (*e*). (Part-time from 1.4.61).
Miss G. Pugh (*a*) (*e*).

*District Nurses*:
Mrs. M. Angell (*a*) (*e*).
Mrs. A. M. Branch (*a*) (*c*). (Part-time). Commenced 20.11.61).
Miss A. E. Burrows (*a*) (*c*) (*e*). (Ceased 31.1.61).
Miss A. M. Carpenter (*a*) (*e*).
Miss N. G. Drewe (*a*) (*c*) (*e*).
Miss J. L. Fuller (*a*) (*c*) (*e*). (Ceased 26.8.61).
Miss E. M. Gall (*a*) (*c*) (*e*). (Commenced 22.4.61).
Miss C. T. Howlett (*a*) (*c*) (*e*). (Ceased 7.9.61).
Miss R. I. Jackson (*a*) (*c*) (*e*). (Commenced 3.4.61).
Miss D. M. King (*a*) (*c*) (*e*). (Transferred to Senior District Nurse 1.4.61).
Mrs. E. Mobey (*a*) (*c*) (*e*).
Miss B. Moss (*a*) (*e*).
Mrs. P. J. Seccull (*a*) (*e*).
Mrs. R. Quigley (*a*).
Mrs. H. Robertson (*a*) (*c*) (*e*).
Miss W. Wilson (*a*) (*c*) )*e*).
Mrs. C. Barker, Nursing Orderly.

*Student District Nurses.* Nil.

*Mother and Baby Hostel*:
Mrs. B. Humphries (*a*) (*c*). Matron.
Miss F. Bolton (*f*). Deputy Matron.
Miss F. A. Goddard, C.C.R., Nurse. (Part-time).

*Nurseries*:
*Botley Road Day Nursery*:
Miss G. M. Nixey (*f*). Matron.
Miss G. M. Thomas (*f*). Deputy Matron.
2 Nursery Nurses.

*Florence Park Day Nursery*:
Mrs. E. Pearce (*a*) (*c*). Matron.
Miss G. M. Harris (*f*). Deputy Matron.
2 Nursery Nurses.

*Home Help Service*:
Miss P. E. Urban-Smith, Organiser.
Miss K. Thicke, Assistant Organiser.

*Occupational Therapists*:
Miss E. M. Targett, M.A.O.T., Head Occupational Therapist. (Ceased 29.9.61).
Miss J. A. Gould, Dip.O.T. (Rand, S.A.), Head Occupational Therapist. (Transferred from Assistant Occupational Therapist 2.10.61).
Miss A. E. Darrell, M.A.O.T., Assistant Occupational Therapist.
Miss J. A. Gould, Dip.O.T. (Rand, S.A.). Transferred to Head Occupational Therapist 2.10.61).

*Almoners*:
Mrs. D. Hicks (Tuberculosis). (Part-time).
Miss A. Jackson (Venereal Diseases). (Part-time).

*Mental Welfare*:
A. Robertson, Senior Mental Welfare Officer.
L. A. Clinkard, Mental Welfare Officer. (Commenced 1.1.61).
Miss E. Gilbertson (*a*) (*c*) (*d*). Mental Welfare Officer.
D. A. Purrett, Mental Welfare Officer.

*Training Centre*:
Miss O. Warburton, Supervisor.
5 Assistant Supervisors, Mrs. M. Corrigan, Mrs. M. Fawcett, Mrs. M. B. Garrett, J. A. Hope, Miss R. F. Staveley (on Mental Health Course).

*Welfare Services*:
J. C. Davenport, Chief Welfare Services Officer.
J. Hadfield, Senior Assistant Welfare Services Officer.
J. Clarke, Assistant Welfare Services Officer.
Miss A. C. Herbert (*a*), Assistant Welfare Services Officer.
Mrs. E. E. Dean, Home Teacher to the Blind.
Miss J. Baron, Home Teacher to the Blind.
N. Bowley, Superintendent of Handicapped Workshop.
M. Trafford, Foreman of Handicapped Workshop.
Mrs. E. M. Gould, Assistant, Handicapped Retail Shop. (Ceased 28.5.61).
Mrs. L. Roads, Assistant, Handicapped Retail Shop. Commenced 5.6.61).
Miss B. Singleton, M.Ch.S., Chiropodist. (Part-time).

*Old Peoples' Homes*:
*Barton End*:
Mrs. N. K. Dixie (*a*), Matron.
Mrs. E. A. Treanor (*b*), Assistant Matron. (Commenced 17.1.61. Ceased 23.9.61).

*Cutteslowe Court*:
Miss Y. M. Harris (*a*), Matron. (Commenced 1.11.61).

*Frilford House*:
J. Cherry, M.B., B.S., Medical Officer. (Part-time).
Mrs. A. E. Butler (*a*), Matron.

*The Laurels*:
R. G. Anderson, M.B., Ch.B., Medical Officer. (Part-time).
Mrs. E. Gearing (*a*), Matron. (Ceased 23.9.61).
Mrs. E. S. King, Assistant Matron. (Commenced 1.11.61).

*Marston Court*:
Mrs. M. E. Swain (*a*), Matron.
Mrs. M. Smith (*a*), Assistant Matron. (Ceased 2.7.61).
Mrs. H. Flewitt (*a*), Assistant Matron. (Commenced 7.8.61).

*Shotover View*:
Miss M. A. Bulbeck (*b*), Matron.
Mrs. A. E. Coulter-Smith (*b*). Assistant Matron,

*Townsend House*:
Mrs. L. Templeton (*a*), Matron.
Miss M. Gillespie (*b*), Assistant Matron.

*Administrative*:
H. G. Annely, Chief Administrative Assistant.
T. D. Thomson, Senior Administrative Assistant.
R. J. Crane, Senior Clerical Assistant, Welfare Section. (On Social Workers' Course).
B. Ealey, Senior Clerical Assistant, Welfare Section. (Commenced 2.10.61).
L. W. Pearman, Senior Clerical Assistant, Public Health Inspector's Section. (Deceased 8.1.62).
Miss M. V. Crabb, Medical Officer of Health's Secretary.
Miss G. J. Seymour, Chief Public Health Inspector's Secretary. (Ceased 8.1.61).
Miss C. Hieatt, Chief Public Health Inspector's Secretary. (Commenced 30.1.61. Ceased 18.8.61).
Miss J. A. Charles, Chief Public Inspector's Secretary. (Commenced 27.11.61).
W. J. Gibbs, Clerical Assistant.
Miss H. M. Mitchell, Clerical Assistant, Maternity, Child Welfare and Infectious Diseases.
Mrs. P. M. Whiting, Clerical Assistant, Mental Welfare.
J. E. Stimson, Clerical Assistant.
Miss I. Stone, Clerical Assistant. (From 31.7.61).
Miss S. M. Marshall, Clerical Assistant, District Nurses. (Commenced 24.4.61).
Miss M. E. Wood, Clerk/Receptionist, Blackbird Leys Health Centre.
2 Shorthand Typists, Mrs. M. V. Scarrott (Public Health Inspector's Section). Miss D. I. Skinner (Welfare Section).
18 Clerks, General Division.

*Civil Defence*:
D. E. Bradberry, Instructor and Organiser, Welfare Section.

(*a*) State Registered Nurse.
(*b*) State Enrolled Assistant Nurse.
(*c*) State Certified Midwife.
(*d*) Health Visitor's Certificate, Royal Society of Health.
(*e*) Queen's Nurse.
(*f*) Certified Nursery Nurse.

## OFFICES and ESTABLISHMENTS of the HEALTH DEPARTMENT

| | | *Telephone No.* | |
|---|---|---|---|
| Main Office (Health and Welfare) | Greyfriars, Paradise Street | Oxford | 47212 |
| Mental Welfare<br>Immunisation and Vaccination<br>Welfare Foods | 24 Church Street, St. Ebbe's | ,, | ,, |
| Health Visitors | 3 Castle Terrace, St. Ebbe's | ,, | ,, |
| District Nurses, Main Home | 39/41 Banbury Road | ,, | 57721 |
| Branch Homes | 23 Hollow Way, Cowley | ,, | 77382 |
| | 79 St. Leonard's Road | ,, | 62321 |
| Midwives Hostel | 82/84 Abingdon Road | ,, | 47985 |
| Home Help Organiser | 29/31 George Street | ,, | 47977 |
| Public Health Inspector's Office | 36 Pembroke Street, St. Aldate's | ,, | 49671 |
| Health Centre | Blackbird Leys Estate, Cowley | ,, | 78244 |
| Botley Road Day Nursery | Botley Road | ,, | 43492 |
| Florence Park Day Nursery | Florence Park | ,, | 77286 |
| Mother and Baby Hostel | Clark's Row, St. Aldate's | ,, | 43072 |

## CLINICS

1. *Antenatal*

| | | |
|---|---|---|
| Bury Knowle House, Old High Street, Headington | Friday | 9.30 a.m. |
| East Oxford Centre, 151a Cowley Road | Tuesday | 9.30 a.m. |
| 60 St. Aldate's | Thursday | 9.30 a.m. |

2. *Child Welfare*

| | | |
|---|---|---|
| Blackbird Leys Health Centre, Cowley | *Tuesday | 2.30—3.30 p.m. |
| | Wednesday | 2—4 p.m. |
| | *Thursday | 2—4 p.m. |
| Bury Knowle House, Old High Street, Headington | Tuesday | 2—4 p.m. |
| | Thursday | 2—4 p.m. |
| Church Hall, Main Road, New Marston | Wednesday | 2—4 p.m. |
| Clinic Premises, 14 Church Street, St. Ebbe's | Monday | 2—4 p.m. |
| | Friday | 2—4 p.m. |
| Clinic Premises, South Parade, Summertown | Tuesday | 2—4 p.m. |
| | *Wednesday | 2—4 p.m. |
| Clinic Premises, Temple Road, Cowley | Monday | 2—4 p.m. |
| | Friday | 2—4 p.m. |
| Community Centre, The Oval, Rose Hill | Thursday | 2—4 p.m. |
| Donnington School Clinic, Henley Avenue | Tuesday | 2—4 p.m. |
| | Wednesday | 2—4 p.m. |
| | *Friday | 2—4 p.m. |
| East Oxford Centre, 151a Cowley Road | Monday | 2—4 p.m. |
| | Friday | 2—4 p.m. |
| G.F.S. Haigh Hut, 48 Woodstock Road | Monday | 2—4 p.m. |
| | Friday | 2—4 p.m. |
| Northway Clinic, Maltfield Road | Thursday | 2—4 p.m. |
| Slade Park Clinic, 2nd Avenue, Slade Park | Tuesday | 2—4 p.m. |
| | Wednesday | 2—4 p.m. |
| Village Hall, Wolvercote | Thursday | 2—4 p.m. |

*General Practice Clinic

3. *Immunisation and Vaccination*

| | | |
|---|---|---|
| 60 St. Aldate's (also at all Child Welfare Clinics) | Wednesday | 5—6 p.m. |
| Yellow Fever, 24 Church Street, St. Ebbe's | Tuesday (by appointment) | 2.0 p.m. |

4. *Dental*

| | |
|---|---|
| 60 St. Aldate's | By appointment |
| Donnington Clinic, Henley Avenue | ,, ,, |

# SECTION II

## STATISTICS

Report prepared by H. G. ANNELY
Chief Administrative Assistant

### SUMMARY

| | |
|---|---|
| Area of City | 8,785 acres |
| Population (estimated mid-year 1961) | 106,410 |
| Number of inhabited houses at 31.3.61 | 28,799 |
| Rateable value of City at 31.3.61 | £2,237,237 |
| Product of a penny rate for 1960/61 | £8,694 |

Total cost of all health services 1960/61:—

| | *Gross* £ | *Net* £ |
|---|---|---|
| Public Health Services | 28,237 | 27,200 |
| National Health Service Act, 1946 | 209,115 | 169,542 |
| National Assistance Act, 1948 | 154,887 | 103,950 |
| | £392,239 | £300,692 |

| | *City of Oxford* 1961 | *City of Oxford Average* 1951-60 | *England and Wales* 1961 |
|---|---|---|---|
| Live births:— | | | |
| Number | 1695 | | 804,120 |
| Rate per 1000 population (Recorded) | 15.93 | 14.14 | |
| Rate per 1000 population (as adjusted by comparability factor 0.97) | 15.45 | | 17.4 |
| Illegitimate live births per cent of total live births | 9.73 | 7.77 | |
| Stillbirths:— | | | |
| Number | 27 | | 15,343 |
| Rate per 1000 total live and stillbirths | 15.68 | 16.79 | 18.7 |
| Total live and stillbirths | 1722 | | 819,463 |
| Infant deaths (deaths under 1 year) | 30 | | 17,211 |
| Infant mortality rates:— | | | |
| Total infant deaths per 1000 live births | 17.70 | 20.16 | 21.4 |
| Legitimate infant deaths per 1000 legitimate live births | 17.65 | 19.95 | |
| Illegitimate infant deaths per 1000 illegitimate live births | 18.18 | 20.62 | |

| | City of Oxford Average | | England and Wales |
|---|---|---|---|
| | 1961 | 1951-60 | 1961 |
| Neonatal mortality rate (deaths under 4 weeks per 1000 total live births .. | 10.62 | 13.58 | 15.5 |
| Early neonatal mortality rate (deaths under 1 week per 1000 total live births) | 8.85 | 11.12 | |
| Perinatal mortality rate (stillbirths and deaths under 1 week per 1000 total live and stillbirths .. .. .. | 24.39 | 28.29 | |
| Maternal mortality (including abortion) | | | |
| Number of deaths .. .. .. | — | | 274 |
| Rate per 1000 total live and stillbirths | — | 0.19 | 0.33 |
| Death rate per 1000 population (Recorded) | 10.01 | 9.96 | |
| Death rate per 1000 population (as adjusted by comparability factor 0.95) | 9.51 | | 12.0 |
| Death rate per 1000 population from:— | | | |
| (*a*) Diseases of the heart and circulatory system .. .. .. .. | 3.43 | 3.48 | |
| (*b*) Cancer (all forms) .. .. .. | 2.01 | 1.83 | 2.16 |
| (*c*) Pneumonia, bronchitis and other diseases of the respiratory system .. | 1.22 | 1.13 | |
| (*d*) Tuberculosis (all forms) .. .. | 0.05 | 0.11 | 0.07 |
| (*e*) Violence (including suicides) .. | 0.51 | 0.44 | |

## BIRTHS

Total registered live births:—

| | | |
|---|---|---|
| Male .. .. .. .. | 1960 | |
| Female .. .. .. .. | 1868 | |
| | 3828 | |
| (Illegitimate .. .. .. | 266) | |

Of the 3828 births registered 1,642 were Oxford residents and 53 births to Oxford residents occurred outside the City, making a total of 1695 births allocated to the City. Of these 1530 were legitimate (762 male, 768 female) and 165 were illegitimate (94 male, 71 female).

## CLASSIFICATION OF BIRTHS OCCURRING IN THE CITY

### (a) According to notifications

| | Residents | | Non-residents | |
|---|---|---|---|---|
| | Live births | Still-births | Live births | Still-births |
| Notified by domiciliary midwives .. .. | 571 | 3 | 11 | — |
| Notified by general practitioners .. .. | 1 | — | — | — |
| Notified by Nuffield Maternity Home .. | 571 | 12 | 1502 | 44 |
| Notified by Churchill Hospital .. .. | 500 | 10 | 691 | 6 |
| Notified by Radcliffe Infirmary .. .. | 1 | — | 3 | — |
| | 1644 | 25 | 2207 | 50 |

### (b) According to Place of Birth (registered births)

| | Residents | | Non-residents | |
|---|---|---|---|---|
| | Live births | Still-births | Live births | Still-births |
| Born in Nuffield Maternity Home .. .. | 578 | 12 | 1470 | 41 |
| Born in Churchill Hospital .. .. .. | 516 | 10 | 692 | 6 |
| Born in private houses .. .. .. | 548 | 3 | 24 | — |
| | 1642 | 25 | 2186 | 47 |

# BIRTHS AND DEATHS IN THE CITY, 1917—1961

| ar | Population estimated to Middle of each year | Births | | | Total Deaths Registered in the District | | Transferable Deaths | | Net deaths belonging to the District | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Uncorrected No. | Nett | | | | of Non-residents registered in the District | of Residents not registered in the District | Under 1 year | | At all ages | |
| | | | No. | Rate | No. | Rate | | | No. | Rate per 1000 Nett Births | No. | Rate |
| | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| 17 | *59,193 } 53,104 } | | 656 | 11.08 | 756 | 14.23 | 150 | 104 | 57 | 86.9 | 710 | 13.37 |
| 18 | *55,472 } 49,508 } | | 700 | 12.62 | 987 | 19.94 | 204 | 94 | 44 | 62.8 | 877 | 17.71 |
| 19 | *60,071 } 57,666 } | | 796 | 13.25 | 714 | 12.38 | 117 | 89 | 47 | 59.0 | 686 | 11.98 |
| 20 | 59,963 | | 1083 | 18.06 | 635 | 10.59 | 93 | 69 | 60 | 55.4 | 611 | 10.19 |
| 21 | 56,400 | 957 | 929 | 16.47 | 681 | 12.07 | 124 | 42 | 34 | 36.6 | 598 | 10.63 |
| 22 | 56,510 | 982 | 902 | 15 96 | 812 | 14.37 | 153 | 62 | 54 | 59.8 | 721 | 12.75 |
| 23 | 56,920 | 997 | 876 | 15 39 | 699 | 12.28 | 157 | 49 | 39 | 44.5 | 594 | 10.43 |
| 24 | 57,260 | 1052 | 878 | 15.30 | 826 | 14.42 | 163 | 21 | 46 | 52.4 | 685 | 11.94 |
| 25 | 57,090 | 1079 | 882 | 15.45 | 815 | 14.27 | 190 | 50 | 44 | 49.88 | 677 | 11.85 |
| 26 | 56,800 | 1072 | 852 | 15.00 | 813 | 14.31 | 194 | 69 | 51 | 59.8 | 691 | 12.16 |
| 27 | 57,050 | 1079 | 848 | 14.86 | 847 | 14.84 | 194 | 71 | 40 | 47.17 | 743 | 13.02 |
| 28 | 60,800 | 1162 | 836 | 13.75 | 766 | 12.59 | 204 | 73 | 32 | 38.27 | 634 | 10.44 |
| 29 | *70,730 } 70,590 } | 1265 | 1017 | 14.37 | 1082 | 15.30 | 216 | 52 | 65 | 63.91 | 918 | 13.00 |
| 30 | *74,000 } 73,810 } | 1380 | 1159 | 15.66 | 966 | 13.08 | 211 | 48 | 47 | 40.55 | 803 | 10.87 |
| 31 | *80,810 } 80,530 } | 1427 | 1216 | 15.04 | 1005 | 12.48 | 195 | 57 | 54 | 44.4 | 867 | 10.76 |
| 32 | 81,260 | 1397 | 1114 | 13.71 | 1054 | 12.97 | 212 | 49 | 69 | 62.94 | 891 | 10.96 |
| 33 | 83,410 | 1460 | 1140 | 13.67 | 1086 | 13.02 | 220 | 59 | 37 | 32.46 | 925 | 11.09 |
| 34 | 85,800 | 1578 | 1200 | 13.98 | 1104 | 12.87 | 280 | 42 | 54 | 45.00 | 866 | 10.09 |
| 35 | 88,200 | 1748 | 1344 | 15.24 | 1130 | 12.81 | 289 | 52 | 41 | 30.51 | 893 | 10.12 |
| 36 | 90,140 | 1787 | 1379 | 15.30 | 1153 | 12.79 | 299 | 62 | 62 | 44.96 | 916 | 10.16 |
| 37 | 92,440 | 1779 | 1343 | 14.53 | 1193 | 12.90 | 297 | 57 | 49 | 36.48 | 953 | 10.31 |
| 38 | 94,090 | 1867 | 1438 | 15.28 | 1128 | 12.00 | 300 | 44 | 51 | 35.47 | 872 | 9.27 |
| 39 | 96,200 | 1966 | 1340 | 14.02 | 1248 | 13.97 | 397 | 55 | 31 | 22.68 | 906 | 9.87 |
| 40 | 96,570 | 2417 | 1401 | 14.51 | 1608 | 16.65 | 484 | 79 | 62 | 40.39 | 1203 | 12.45 |
| 41 | 106,900 | 3144 | 1506 | 14.09 | 1584 | 14.82 | 520 | 64 | 57 | 34.25 | 1136 | 10.63 |
| 42 | 104,600 | 3124 | 1612 | 15.41 | 1480 | 14.51 | 519 | 59 | 54 | 33.5 | 1020 | 9.75 |
| 43 | 103,900 | 3166 | 1676 | 16.13 | 1510 | 14.53 | 482 | 66 | 55 | 32.82 | 1094 | 10.53 |
| 44 | 100,370 | 3554 | 1889 | 18.82 | 1484 | 14.78 | 566 | 60 | 46 | 24.35 | 978 | 9.74 |
| 45 | 98,020 | 2858 | 1683 | 17.17 | 1509 | 15.39 | 510 | 57 | 59 | 35.05 | 1056 | 10.77 |
| 46 | 100,590 | 2970 | 1838 | 18.27 | 1430 | 14.21 | 476 | 57 | 60 | 32.64 | 1011 | 10.05 |
| 47 | 103,210 | 3195 | 1895 | 18.36 | 1484 | 14.38 | 434 | 64 | 56 | 29.55 | 1114 | 10.79 |
| 48 | 105,150 | 2833 | 1628 | 15.48 | 1328 | 12.63 | 461 | 40 | 38 | 23.34 | 907 | 8.63 |
| 49 | 107,100 | 3022 | 1643 | 15.34 | 1500 | 14.00 | 506 | 77 | 44 | 26.78 | 1071 | 10.00 |
| 50 | 108,200 | 2981 | 1549 | 14.32 | 1504 | 13.91 | 520 | 67 | 31 | 20.01 | 1051 | 9.71 |
| 51 | 106,400 | 2956 | 1543 | 14.50 | 1608 | 15.11 | 579 | 83 | 29 | 18.79 | 1112 | 10.45 |
| 52 | 107,100 | 2927 | 1557 | 14.55 | 1536 | 14.35 | 635 | 56 | 37 | 23.76 | 957 | 8.93 |
| 53 | 107,000 | 2861 | 1569 | 14.66 | 1573 | 14.70 | 499 | 35 | 32 | 20.40 | 1109 | 10.36 |
| 54 | 106,900 | 2748 | 1458 | 13.64 | 1584 | 14.82 | 637 | 33 | 34 | 23.32 | 980 | 9.17 |
| 55 | 105,500 | 2832 | 1412 | 13.38 | 1674 | 15.87 | 709 | 37 | 28 | 19.83 | 1002 | 9.50 |
| 56 | 104,500 | 3034 | 1421 | 13.60 | 1727 | 16.53 | 681 | 34 | 28 | 19.70 | 1080 | 10.33 |
| 57 | 104,400 } | 3247 | 1477 | 13.60 | 1639 | 15.72 | 641 | 40 | 28 | 18.95 | 1038 | 9.96 |
| † | 104,230 } | | | | | | | | | | | |
| 58 | 104,100 | 3170 | 1433 | 13.76 | 1753 | 16.84 | 735 | 39 | 30 | 20.93 | 1057 | 10.15 |
| 59 | 104,000 | 3438 | 1560 | 15.0 | 1847 | 17.38 | 777 | 47 | 31 | 19.87 | 1117 | 10.74 |
| 60 | 104,490 | 3583 | 1549 | 14.83 | 1747 | 16.72 | 737 | 43 | 25 | 16.14 | 1053 | 10.08 |
| 61 | 106,410 | 3828 | 1695 | 15.93 | 1781 | 16.74 | 760 | 44 | 30 | 17.70 | 1065 | 10.01 |

* Population birth rate. City Extended 1st April, 1929.

† Population birth and death rates. City Extended 1st. April 1957.

The rates for 1939, 1940 and 1941 are based on figures of births supplied by the Registrar General which are adjusted to allow for evacuation population.

# CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE CITY OF OXFORD DURING 1961

*(Table of Registrar General)*

| | CAUSES OF DEATH | All Ages | 0– | 1– | 5– | 15– | 25– | 45– | 65– | 75– |
|---|---|---|---|---|---|---|---|---|---|---|
| ALL CAUSES | | 1065 | 30 | 6 | 5 | 6 | 31 | 255 | 252 | 480 |
| 1 | Tuberculosis, respiratory | 5 | — | — | — | — | — | 3 | 2 | — |
| 2 | Tuberculosis, other | — | — | — | — | — | — | — | — | — |
| 3 | Syphilitic disease | 3 | — | — | — | — | — | — | 2 | 1 |
| 4 | Diphtheria | — | — | — | — | — | — | — | — | — |
| 5 | Whooping Cough | — | — | — | — | — | — | — | — | — |
| 6 | Meningococcal infections | — | — | — | — | — | — | — | — | — |
| 7 | Acute poliomyelitis | — | — | — | — | — | — | — | — | — |
| 8 | Measles | — | — | — | — | — | — | — | — | — |
| 9 | Other infective and parasitic diseases | 4 | — | — | — | — | 1 | 3 | — | — |
| 10 | Malignant neoplasm, stomach | 33 | — | — | — | — | — | 12 | 6 | 15 |
| 11 | Malignant neoplasm, lung, bronchus | 55 | — | — | — | — | 2 | 22 | 21 | 10 |
| 12 | Malignant neoplasm, breast | 27 | — | — | — | — | 1 | 13 | 7 | 6 |
| 13 | Malignant neoplasm, uterus | 4 | — | — | — | — | — | 2 | — | 2 |
| 14 | Other malignant and lymphatic neoplasms | 95 | — | 1 | 1 | — | 7 | 31 | 29 | 26 |
| 15 | Leukaemia, aleukaemia | 4 | — | — | 2 | — | 1 | — | — | 1 |
| 16 | Diabetes | 2 | — | — | — | — | — | 2 | — | — |
| 17 | Vascular lesions of nervous system | 137 | — | — | — | — | — | 28 | 36 | 73 |
| 18 | Coronary disease, angina | 218 | — | — | — | — | 4 | 50 | 69 | 95 |
| 19 | Hypertension with heart disease | 11 | — | — | — | — | — | 2 | 2 | 7 |
| 20 | Other heart disease | 96 | — | — | — | 1 | 1 | 15 | 13 | 66 |
| 21 | Other circulatory disease | 40 | — | — | — | — | 1 | 9 | 10 | 20 |
| 22 | Influenza | 12 | — | — | — | — | — | 4 | 1 | 7 |
| 23 | Pneumonia | 79 | 6 | 2 | — | — | 1 | 4 | 9 | 57 |
| 24 | Bronchitis | 39 | — | — | — | — | — | 10 | 11 | 18 |
| 25 | Other diseases of respiratory system | 12 | — | — | — | — | — | 2 | 2 | 8 |
| 26 | Ulcer of stomach and duodenum | 16 | — | — | — | — | — | 5 | 4 | 7 |
| 27 | Gastritis, enteritis and diarrhoea | 7 | 1 | — | — | — | — | 1 | — | 5 |
| 28 | Nephritis and nephrosis | 3 | — | — | — | — | — | 2 | 1 | — |
| 29 | Hyperplasia of prostate | 6 | — | — | — | — | — | — | — | 6 |
| 30 | Pregnancy, childbirth, abortion | — | — | — | — | — | — | — | — | — |
| 31 | Congenital malformations | 20 | 14 | 2 | — | — | — | 2 | 1 | 1 |
| 32 | Other defined and ill-defined diseases | 83 | 8 | 1 | 1 | 2 | 4 | 16 | 14 | 37 |
| 33 | Motor vehicle accidents | 17 | — | — | — | 1 | 2 | 9 | 3 | 2 |
| 34 | All other accidents | 25 | 1 | — | 1 | 2 | 1 | 4 | 6 | 10 |
| 35 | Suicide | 12 | — | — | — | — | 5 | 4 | 3 | — |
| 36 | Homicide and operations of war | — | — | — | — | — | — | — | — | — |

The deaths of Oxford residents registered away from Oxford are included in, and the deaths of non-residents registered in Oxford are excluded from the Oxford net deaths.

## CLASSIFICATION OF CAUSES OF DEATH

The preceding table gives a short analysis of the causes of death and the ages at which they occurred. Of the total of 1,065 deaths, 533 were male and 532 female. The death rate of 10.01 (recorded) is slightly lower than last year.

The deaths from tuberculosis of the respiratory system show a decrease, being 5 as against 7 in 1960 and 9 in 1959. There were no deaths from non-pulmonary tuberculosis.

Cancer deaths (all sites) was 214 as against 208 in 1960, being the highest yet recorded. Deaths from cancer of the lung and bronchus numbered 55 (44 male and 11 female), as against 46 (40 male and 6 female) in 1960.

Deaths from influenza and pneumonia show an appreciable increase the former being 12 against 2 in 1960, and the latter 79 against 61 in 1960.

No maternal death occurred in 1961.

There were no deaths from diphtheria, measles, poliomyelitis, scarlet fever or whooping cough.

| Residents who died in Institutions in Oxford | 1961 |
|---|---|
| United Oxford Hospitals Group .. .. .. .. .. | 491 |
| Oxford Regional Hospital Board Group .. .. .. .. | 15 |
| Nursing Homes .. .. .. .. .. .. .. | 19 |
| Old People's Homes (Local Health Authority) .. .. .. | 20 |
| Old People's Homes (Private) .. .. .. .. .. | 18 |
| | *563 |

* = 31.61% of total deaths.

| Residents who died away from Oxford | 1961 |
|---|---|
| Regional Hospital Board Groups .. .. .. .. .. | 15 |
| Institutions and Nursing Homes .. .. .. .. .. | 3 |
| Private Houses .. .. .. .. .. .. .. | 19 |
| Accidents, etc. .. .. .. .. .. .. .. | 7 |
| | 44 |

| Non-Residents who died in Oxford | 1961 |
|---|---|
| United Oxford Hospitals Group .. .. .. .. .. | 652 |
| Oxford Regional Hospital Board Group .. .. .. .. | 12 |
| Other Institutions and Nursing Homes .. .. .. .. | 16 |
| Private Houses .. .. .. .. .. .. .. | 11 |
| Accidents, etc. .. .. .. .. .. .. .. | 69 |
| | 760 |

## DEATHS FROM TUBERCULOSIS

### Years 1941—1961

| | Pulmonary | | | | | | | Non-Pulmonary | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 0– | 1– | 5– | 15– | 45– | 65– | Total | 0– | 1– | 5– | 15– | 45– | 65- | Total |
| 1941 | 1 | — | — | 27 | 17 | 3 | 48 | — | 3 | — | 5 | — | 1 | 9 |
| 1942 | 1 | 1 | 2 | 24 | 27 | 3 | 58 | 1 | — | 1 | 4 | 1 | 1 | 8 |
| 1943 | 1 | — | — | 22 | 14 | 7 | 44 | — | 1 | 1 | 6 | — | 1 | 9 |
| 1944 | 1 | 1 | — | 25 | 9 | 4 | 40 | — | 1 | 2 | 2 | 2 | — | 7 |
| 1945 | 1 | — | — | 22 | 9 | 5 | 37 | — | — | — | 4 | 2 | — | 6 |
| 1946 | — | — | — | 16 | 10 | 2 | 28 | 1 | 3 | 1 | 4 | 3 | 1 | 13 |
| 1947 | — | — | 1 | 25 | 10 | 3 | 39 | — | — | — | 3 | 2 | — | 5 |
| 1948 | — | — | — | 24 | 8 | 4 | 36 | — | — | 1 | 1 | 3 | 1 | 6 |
| 1949 | — | — | — | 11 | 4 | 9 | 24 | — | 1 | — | 2 | — | 1 | 4 |
| 1950 | — | — | 1 | 7 | 9 | 6 | 23 | — | — | 1 | 1 | 3 | — | 5 |
| 1951 | — | — | — | 3 | 14 | 7 | 24 | — | 1 | — | 2 | 1 | 1 | 5 |
| 1952 | — | — | 1 | 4 | 6 | — | 11 | — | 1 | — | 1 | 1 | 1 | 4 |
| 1953 | — | — | — | 5 | 8 | 7 | 20 | — | — | — | 1 | 1 | — | 2 |
| 1954 | — | — | — | 3 | — | 4 | 7 | — | — | — | 1 | — | — | 1 |
| 1955 | — | — | — | 2 | 3 | 5 | 10 | — | — | — | 1 | 1 | — | 2 |
| 1956 | — | — | — | 1 | 2 | 2 | 5 | — | — | — | — | — | — | — |
| 1957 | — | — | — | — | 4 | 1 | 5 | — | — | — | 1 | — | — | 1 |
| 1958 | — | — | — | — | 2 | 4 | 6 | — | — | — | — | — | — | — |
| 1959 | — | — | — | 3 | 3 | 3 | 9 | — | — | 1 | — | 1 | — | 2 |
| 1960 | — | — | — | 3 | 1 | 3 | 7 | — | — | — | 1 | — | 1 | 2 |
| 1961 | — | — | — | — | 3 | 2 | 5 | — | — | — | — | — | — | — |

The following table shows the deaths from cancer under various headings for the last twelve years:—

| | 1950 | 1951 | 1952 | 1953 | 1954 | 1955 | 1956 | 1957 | 1958 | 1959 | 1960 | 1961 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Uterus (female) | 12 | 5 | 7 | 9 | 6 | 5 | 11 | 5 | 6 | 8 | 8 | 4 |
| Stomach— | | | | | | | | | | | | |
| Male .. | 12 | 12 | 19 | 22 | 11 | 14 | 15 | 18 | 13 | 13 | 17 | 21 |
| Female .. | 11 | 13 | 9 | 8 | 15 | 15 | 17 | 2 | 9 | 7 | 16 | 12 |
| Lung, bronchus— | | | | | | | | | | | | |
| Male .. | 35 | 37 | 36 | 29 | 33 | 28 | 31 | 38 | 35 | 43 | 40 | 44 |
| Female .. | 5 | 7 | 3 | 5 | 1 | 5 | 8 | 11 | 2 | 7 | 6 | 11 |
| Breast .. .. | 22 | 19 | 21 | 23 | 16 | 9 | 18 | 17 | 17 | 27 | 17 | 27 |
| All other sites— | | | | | | | | | | | | |
| Male .. | 55 | 72 | 42 | 46 | 47 | 62 | 48 | 53 | 49 | 43 | 56 | 48 |
| Female .. | 40 | 46 | 48 | 49 | 43 | 56 | 49 | 46 | 45 | 54 | 48 | 47 |
| Totals .. | 192 | 211 | 185 | 191 | 172 | 194 | 197 | 190 | 176 | 202 | 208 | 214 |

## Age and sex distribution of Cancer deaths

| | All Ages | 0– | 5– | 15– | 25– | 45– | 65– | 75– |
|---|---|---|---|---|---|---|---|---|
| Male .. .. | 113 | — | 1 | — | 4 | 49 | 30 | 29 |
| Female .. .. | 101 | 1 | — | — | 6 | 31 | 33 | 30 |
| Total .. | 214 | 1 | 1 | — | 10 | 80 | 63 | 59 |

Analysis of deaths from cancer according to the site of the disease:—

| | MALE | | | | | | | FEMALE | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 0– | 5– | 15– | 25– | 45– | 65– | 75– | 0– | 5– | 15– | 25– | 45– | 65– | 75– |
| Stomach .. | — | — | — | — | 12 | 4 | 5 | — | — | — | — | — | 2 | 10 |
| Lung, bronchus | — | — | — | 2 | 18 | 15 | 9 | — | — | — | — | 4 | 6 | 1 |
| Breast .. | — | — | — | — | — | — | — | — | — | — | 1 | 13 | 7 | 6 |
| Uterus .. | — | — | — | — | — | — | — | — | — | — | — | 2 | — | 2 |
| All other sites | — | 1 | — | 2 | 19 | 11 | 15 | 1 | — | — | 5 | 12 | 18 | 11 |
| Total .. | — | 1 | — | 4 | 49 | 30 | 29 | 1 | — | — | 6 | 31 | 33 | 30 |

# SECTION III

## GENERAL HEALTH SERVICES

### (a) HEALTH CENTRES AND G.P. SURGERY PREMISES

### BLACKBIRD LEYS HEALTH CENTRE

This has been the first complete year's working of the Health Centre and there can be no doubt that it is most successfully fulfilling its intended role in providing excellent and readily available medical and health services for the rapidly developing Blackbird Leys Estate. It will be recalled that the Health Centre was planned on the assumption that the population of the completed estate would be 5,000; but it is now understood that the eventual population is likely to be at least 8,000 as a result of the policy of building high blocks of flats, the first of which (15 storeys) was completed in April, 1962. There must, therefore, be some doubt as to whether the Health Centre will eventually be large enough to accommodate the increased population now proposed and an extention may have to be undertaken at some future date.

The Centre became increasingly busy throughout the year but all arrangements worked smoothly. That there were no serious problems is shown by the fact that only one meeting of the Centre staff was necessary and even on this occasion there were no really important matters for discussion.

At the beginning of the year, in addition to the general practitioner who practises wholly from the Health Centre, there were five other practitioners holding between them a total of 11 surgery sessions each week at the Centre. On the 1st March the number of sessions fell to 9 but rose again to 10 on the 16th October. Early in 1962 a sixth doctor decided to practise from the Centre and the total number of weekly sessions rose to 13.

Two general practitioners are holding antenatal clinics for their practice patients and these are attended by the appropriate City midwives. There are now so many young children on the estate that it has become necessary to hold three child welfare clinics each week. Two of these are taken by general practitioners and are restricted to the practice patients of each partnership, whilst the remaining clinic caters for the patients of all other doctors. All three weekly child welfare clinics are attended by the health visitors practising from the Centre.

The district nurse for the area continues to attend the Centre daily at a fixed time.

The arrangement for the transport of laboratory specimens to the Churchill Hospital has continued.

Owing to the increasing use of the Centre, it has been necessary to provide additional clerk/receptionist facilities and in addition to Miss Wood

who is full-time, Mrs. Thomson is now giving half-time service in this respect.

The net annual running costs of the Centre, which in the planning stage, were estimated at £1,500, proved to be £1,543 in the financial year 1960/61 and £2,490 in the financial year 1961/62, the increase being explained mainly by additional clerk/receptionist facilities and higher loan charges, but there were also smaller increases in the rates and in fuel costs. The income from general practitioners using the Centre, which was estimated to be £550 per annum, has been approximately £800 in each of the two financial years in which the Centre has been in use.

The Health Centre has had many visitors, including the Minister of Health, the Right Hon. Enoch Powell, M.P., who honoured the Centre by a visit in May. In November, the Annual General Meeting of the Oxford Division of the British Medical Association was held at the Health Centre when the Chairman's Address was given by your Medical Officer of Health with the appropriate title of "Health Centres".

The Departmental house on the estate (55 Balfour Road) was used to house two City midwives for most of the year but is now housing the district nurse for the area.

For good reasons the Health Centre was not planned to provide either dental or pharmaceutical facilities. It was anticipated that a chemist's shop would be one of the early shops on the estate but because of the delay in providing this, a house near the Health Centre has temporarily been allocated to a chemist. This is of great assistance to those living on the estate who otherwise had to travel long and awkward journeys with their prescriptions. The Housing Committee also finally decided to make another house near the Health Centre available to a dentist and carried out the necessary alterations to the ground floor rooms; the upstairs rooms being used for residential accommodation. As a result there is now a dentist practising part-time on the estate; another useful asset.

## MINCHERY FARM ESTATE GENERAL PRACTITIONER SURGERY PREMISES

These rather unique premises built as a branch surgery by the Housing Committee to serve the Minchery Farm Estate (population 2,000 approx.) have now been in use for four years. They have continued to give satisfaction to the general practitioners using the premises as well as to the residents of the estate. The present position is as reported last year, namely, five general practitioners undertaking between them eight sessions per week.

## (b) AMBULANCE SERVICE

### 1. Administration

During the latter part of the year the appointment of an additional Control Room Officer was authorised to cope with the increased number of telephone calls consequent upon the installation of two extra exchange lines, mentioned in my last report.

The number of patients carried and the total mileage have both increased substantially. The increase has been fairly equally divided between ambulance and sitting cases. From the figures given in Table 2, it can be seen that whereas the number of patients carried has doubled in the last ten years, the total mileage is slightly less than it was in 1951. Train journeys continue to show the steady decrease, observed since the introduction of Diesel trains in the region, as it is not possible to take stretcher cases in the newly designed coaches.

### 2. Vehicles

Two sitting-case vehicles were replaced during the year, one of which incorporated the "Hydraulic Step", of similar design to the vehicle received in 1960, which has proved of such inestimable value in transporting aged patients to Cowley Road Day Hospital.

### 3. Radio Control of Ambulances

During the year, extensive surveys were carried out by four manufacturers of Radio Telecommunication Apparatus. This resulted from the Post Office Regulation reducing the operation of the service from 50 Kcs. to 25 Kcs., to become operative not later than June, 1964. It was felt that as the existing radio equipment was coming to the end of its useful life, the opportunity should be taken to review the present scheme of both City and County. The major point which needed careful consideration was whether the new scheme should be of Amplitude Modulation or Frequency Modulation. The surveys carried out included both these systems, and it was agreed by all the officers taking part that Frequency Modulation was vastly superior. Accordingly, during the latter part of the year, it was agreed to install a new system of Frequency Modulation Radio Control. The new scheme will dispense with the G.P.O. Landlines from Boars Hill to the Ambulance Depot, and, instead, there will be a 100-ft. mast at the Depot, alongside the fixed station. There will also be a direct radio link between all Ambulances and the Casualty Department at the Radcliffe Infirmary. This will be of particular value in accident cases. The new scheme should be in operation by April, 1962.

## 4. Emergency Calls

The number of emergency journeys again increased to a total of 3,156, as against 2,531 last year and 2,174 in 1959.

The distribution within the city was as follows:—

| | 1961 | 1960 |
|---|---|---|
| (*a*) Central (within the area Magdalen Bridge, Folly Bridge, the Station and St. Giles .. | 546 | 455 |
| (*b*) North of St. Giles .. .. .. .. | 347 | 305 |
| (*c*) South of Folly Bridge .. .. .. .. | 163 | 112 |
| (*d*) West of Station .. .. .. .. .. | 144 | 168 |
| (*e*) East of Magdalen Bridge .. .. .. | 1,956 | 1,491 |

These figures reveal that 62% of the calls were received from East of Magdalen Bridge.

## 5. General

The service has continued to run smoothly during the year, although the volume of work has increased. Thanks are due to the two mechanics responsible for the repair of the vehicles who have kept the fleet in good running order.

TABLE 1

| 1961 | AMBULANCES | | SITTING-CASE VEHICLES | | TOTALS | | TRAIN JOURNEYS |
|---|---|---|---|---|---|---|---|
| | No. of cases removed | Mileage | No. of cases removed | Mileage | No. of cases removed | Mileage | No. of cases removed |
| January—March .. .. | 5,201 | 29,733 | 11,775 | 46,481 | 16,976 | 76,214 | 44 |
| April—June .. .. .. | 5,724 | 30,393 | 12,306 | 46,582 | 18,030 | 76,975 | 31 |
| July—September .. .. | 5,854 | 32,363 | 11,983 | 47,710 | 17,837 | 80,073 | 44 |
| October—December .. .. | 6,089 | 31,446 | 11,996 | 46,595 | 18,085 | 78,041 | 41 |
| | 22,868 | 123,935 | 48,060 | 187,368 | 70,928 | 311,303 | 160 |

TABLE 2

| Year | Patients | Mileage | Train Journeys |
|---|---|---|---|
| 1948 (6 months) | 13,783 | 153,425½ | — |
| 1949 | 29,878 | 357,058½ | — |
| 1950 | 31,963 | 322,944½ | 133 |
| 1951 | 41,549 | 319,877½ | 217 |
| 1952 | 44,494 | 317,268½ | 230 |
| 1953 | 45,883 | 297,317 | 246 |
| 1954 | 47,774 | 282,380 | 248 |
| 1955 | 49,238 | 292,838 | 229 (rail strike in June) |
| 1956 | 52,900 | 301,497 | 234 |
| 1957 | 53,955 | 293,362 | 202 |
| 1958 | 57,769 | 275,918 | 193 |
| 1959 | 56,893 | 269,923 | 197 |
| 1960 | 62,868 | 281,553 | 186 |
| 1961 | 70,928 | 311,303 | 160 |

## (c) DISTRICT NURSING

### 1. Administration of the Service

During 1961 a change was initiated in the running of the branch homes at Headington and Cowley. For some time both the administrative staff and the nurses themselves have felt the desirability of these small Homes being run as independent units, rented and managed by the resident nurses. This change was brought into effect from the beginning of April at Headington, with 2 nurses renting the accommodation. At Cowley structural alterations to convert the premises into two self-contained flatlets was necessary, and the conversion was not complete by the end of the year. The date for the commencement of the new arrangement at this latter home was therefore delayed until February, 1962. There is already evidence that a financial saving to the service will result.

The Central Home in North Oxford has operated as in previous years, and a nurse has continued to work from the Health Centre on the Blackbird Leys Estate. This is a relatively young and healthy community, and the work on the estate itself has not increased in volume over 1960. Cases nursed numbered 97, involving 1,000 visits during the year, and this is still about one-third of a case load for a nurse.

### 2. Staff

There was a slight improvement during the year in the number of staff working on the district. More use has been made of part-time nurses who are either retired or married but who do not wish to leave the profession entirely. January was a very difficult month with staff sickness added to shortage, and help from nurses on the National Health Service Reserve, and from members of the Red Cross was greatly appreciated. The resignation of the Assistant Superintendent in May put a strain on the administrative side of the service. The post had not been filled by the end of the year, but at the time of writing it is possible to report that an Assistant was appointed at the end of January, 1962.

On December 31st, 1961, the position was as follows:—

| | | |
|---|---|---|
| Superintendent, resident .. .. | 1 | |
| Home nurses:— | | |
| Queen's Nurses:— | | |
| Resident full-time .. .. .. | 2 | Equivalent to 16 full-time nurses |
| Non-resident full-time .. .. .. | 10 | |
| Non-resident part-time .. .. | 2 | |
| State-registered nurses:— | | |
| Resident full-time .. .. .. | 2 | |
| Non-resident full-time .. .. .. | 1 | |
| Non-resident part-time .. .. | 1 | |
| Nursing orderly:— | | |
| Non-resident full-time .. .. .. | 1 | |

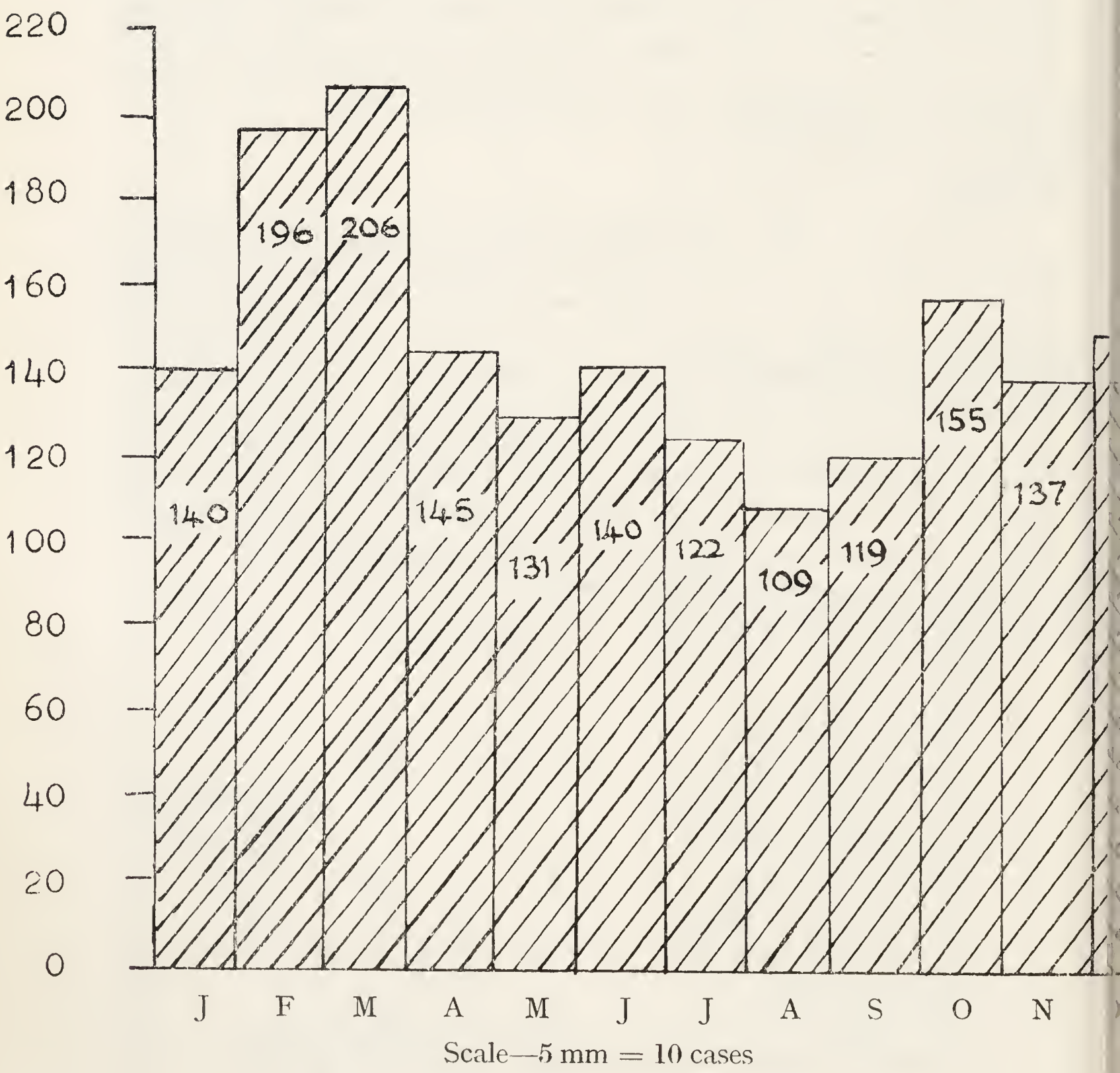
(The establishment is for 2 administrators and 20 nurses).

### 3. Cases nursed during the year

The source of referral of new cases is set out in the table below:—

| | 1958 | 1959 | 1960 | 1961 |
|---|---|---|---|---|
| General practitioners .. .. | 2,032 | 1,970 | 1,740 | 1,610 |
| Hospitals .. .. .. .. | 101 | 73 | 54 | 54 |
| Direct application .. .. | 55 | 78 | 67 | 70 |
| Other sources .. .. .. | 4 | 6 | 4 | 14 |
| Totals .. .. .. | 2,192 | 2,127 | 1,865 | 1,748 |

Those referred from other sources include visitors to the City who are continuing treatments started elsewhere, and cases referred by Health Visitors and Welfare Officers. No case is kept on the books without the knowledge of the patient's family doctor. The accompanying graph shows the seasonal variation in the number of new patients.




Scale—5 mm = 10 cases

## Classification of patients nursed during the year

| | Number of cases attended during year | | | | Number of visits paid during year | | | |
|---|---|---|---|---|---|---|---|---|
| | Under 5 at 1st visit | Over 65 at 1st visit | All other ages at 1st visit | Total cases | Under 5 at 1st visit | Over 65 at 1st visit | All other ages at 1st visit | Total visits |
| Medical .. .. | 60 | 877 | 752 | 1,689 | 368 | 25,941 | 9,123 | 35,432 |
| Surgical .. .. | 20 | 111 | 170 | 301 | 438 | 4,601 | 2,603 | 7,642 |
| Infectious diseases | — | — | 2 | 2 | — | — | 165 | 165 |
| Tuberculosis .. | — | 6 | 41 | 47 | — | 408 | 3,072 | 3,480 |
| Maternal complications | — | — | 8 | 8 | — | — | 61 | 61 |
| Others | 1 | 2 | 5 | 8 | 19 | 57 | 68 | 144 |
| | 81 | 996 | 978 | 2,055 | 825 | 31,007 | 15,092 | 46,924 |

Patients (included in the above table) who have received more than 24 visits during the year:—

| *Patients* | *Visits* |
|---|---|
| 437 | 32,208 |

Also included in the above table were 229 visits paid in the late evening, 206 of which were for giving sedatives and 23 for other purposes.
During the year 633 patients called at the central and branch homes for a variety of treatments.

In considering the number of cases attended and the visits paid in each category (see accompanying table) it is noted that although 44 fewer cases than in 1960 were nursed in the over 65 age group, these cases required 1,190 visits more than in the previous year, accounting for 66% of the total visits. Although the elderly are not alone in requiring long term nursing, they undoubtedly contribute to the increase noted in the number of visits required to persons needing more than 24 visits in the year. This figure, which is up by 2,135 visits, is a measure of long term illness.

There was, however, a reduction of 138 in the total number of cases nursed, and a fall of 2,213 in the total number of visits paid, thus continuing the trend in recent years. There was a welcome reduction of 16 in the number of tuberculous patients nursed. The increase from 110 to 633 in patients attending the Homes for treatment is largely due to patients under treatment for tuberculosis, who are now frequently at work during the hours the nurse is on her rounds. It is mutually convenient for patient and nurse for the patient to call at one of the Homes for treatment on his way to his place of employment.

## 4. Types of treatment given

The following table shows the types of treatment given. In 1962 the number of categories of different treatments will be reduced, and a study is being undertaken of baths given by the home nursing staff in order that some assessment may be made of the needs of persons who are elderly but not otherwise ill.

| | 1960 | 1961 |
|---|---|---|
| Injections | | |
| (1) Insulin .. .. .. | 5,456 | 5,953 |
| (2) Streptomycin .. .. | 4,534 | 3,725 |
| (3) Penicillin .. .. .. | 6,609 | 5,504 |
| (4) Any other injections .. | 6,231 | 6,409 |
| Blanket baths .. .. .. | 5,926 | 5,513 |
| Enemas .. .. .. .. | 373 | 468 |
| Dressings .. .. .. .. | 8,515 | 7,719 |
| Washouts, douches, catheterizations | 516 | 537 |
| Changing of pessaries .. .. | 147 | 151 |
| General nursing care .. .. | 11,768 | 11,988 |
| Attendance at minor operations .. | — | 1 |
| Any other treatment .. .. | 1,208 | 1,436 |
| Totals .. .. .. | 51,283 | 49,404 |

The reduction in the total number of treatments given compared with the previous year is largely due to the smaller number of penicillin and streptomycin injections. The fall in the former figure is a reflection of the increasing use of new oral preparations. Streptomycin is given mainly in the treatment of tuberculosis, and the fall in the number of tuberculosis patients has already been commented upon.

As many diabetics as possible are taught to give their own insulin injections. There has, however, been some increase in the number of injections of this drug given by the district nurses. Elderly diabetics in particular, if they require insulin, find it difficult to learn the necessary technique, and they may be handicapped by such disabilities as failing eyesight.

As a whole there is a tendency towards a decrease in the number of procedures which detain a nurse for a short time only in the individual patient's home. During times of staff shortage when nurses are carrying heavy case loads, this time can be made shorter still by supplying ready-sterilised equipment for injections. There is, however, a tendency towards an increase in the more time-consuming procedures.

## 5. Equipment

A portable hydraulic patient hoist was acquired in May. It has been used for three cases by the district nurses, and has also been lent to the Welfare Department to give them an opportunity of assessing the value of this type of equipment for Old People's Homes.

Cellulose wadding pads with waterproof backing were given a trial in the nursing of incontinent patients. It was found that in the home setting these pads were of little value unless the patient was small and immobile.

Ready-sterilised disposable syringes and needles were used during periods of staff shortage. These are light and not unduly bulky for the nurse to carry. They greatly reduce the time spent in giving injections, and this is particularly desirable in the case of the apprehensive child patient, and where absence of boiling water and a quick source of heat make sterilisation in the home a time-consuming business. In addition, a sterility which cannot be achieved by boiling is assured. The syringes are relatively expensive, and would increase the bill for equipment if adopted for routine use. The need for students to learn a less sophisticated injection routine must also not be forgotten.

Self-injecting ampoules have been used when these have been prescribed by the family doctor. These give a quick, simple, absolutely sterile injection. When potentially sensitising drugs such as streptomycin and penicillin are given by this method, it has been found that a nurse with a known sensitivity has been able to administer the injection without ill effects. The chance of producing a sensitisation in a nurse must be materially reduced by this type of equipment.

## 6. Training School

Two courses of training were held during the year. The Assistant Superintendent normally acts as Tutor to the students, and as this post was vacant at the time of the autumn course, arrangements were made

for lectures to be taken at the Reading Training School, and for practical tuition to be given by our own staff. We are most grateful to the Medical Officer of Health and the Superintendent of Home Nursing for Reading for their assistance, which was again called upon for the January course, 1962, which started before the appointment of our Assistant Superintendent.

The examination was taken by 14 students, all of whom passed at the first attempt. The system of awarding credits for practical examination has been discontinued, a credit being awarded now on the results of the written and practical examination together.

The 14 students admitted were classified as follows:—

| | |
|---|---|
| Staff students (under contract to work for the City for a year after the examination) .. .. .. .. .. | 3 |
| *Students sent by other Local Health Authorities .. .. | 11 |
| | 14 |

*Students came from Buckinghamshire, Hampshire, Herefordshire, Oxfordshire and Shropshire.

## 7. Loan of nursing equipment: co-operation with the British Red Cross Society

Although a small amount of equipment was lent from the stocks held at the three nurses' homes in the City, the majority of nursing loans was again made by the British Red Cross Society (Oxfordshire Branch). Details of the loans made are set out below. The Society's ready co-operation and efficiency is much appreciated.

In the fincnaial year 1961-62 the City Council paid the Society a grant of £250.

| *Article* | *Total* | *Article* | *Total* |
|---|---|---|---|
| Air beds .. .. .. | 9 | Fracture boards .. .. | 5 |
| Air pillows .. .. .. | 3 | Hot water bottles .. .. | 2 |
| Air rings .. .. .. | 100 | Indoor chairs .. .. | 2 |
| Bed blocks .. .. .. | 26 | Inhalers .. .. .. | 1 |
| Bed cradles .. .. | 47 | Mackintosh sheets .. | 180 |
| Bed hoists .. .. .. | 1 | Scales .. .. .. | 1 |
| Bed pans .. .. .. | 155 | Stair chairs.. .. .. | 6 |
| Bed pans—rubber .. | 24 | Urinals .. .. .. | 58 |
| Bed rests .. .. .. | 107 | Walking aids .. .. | 5 |
| Bed tables .. .. | 9 | Walking sticks .. .. | 10 |
| Chair commodes .. .. | 38 | Wheelchairs .. .. | 133 |
| Commodes .. .. | 50 | | |
| Crutches .. .. .. | 25 | Total .. .. | 1,009 |
| Feeding cups .. .. | 12 | | |

## (d) HOME HELP SERVICE

### 1. Cases helped

(*a*) Classification of cases helped in the last 5 years:—

| Cases | 1957 | 1958 | 1959 | 1960 | 1961 |
|---|---|---|---|---|---|
| Home confinements .. .. .. | 64 | 80 | 91 | 70 | 59 |
| Other maternity cases .. .. | 42 | 29 | 35 | 30 | 52 |
| Acute illness .. .. .. .. | 223 | 219 | 246 | 215 | 152 |
| Chronic sick .. .. .. .. | 68 | 83 | 86 | 114 | 176 |
| Tuberculosis .. .. .. .. | 12 | 11 | 8 | 9 | 8 |
| Aged (over 75 years) .. .. .. | 153 | 173 | 187 | 204 | 256 |
| Totals .. .. .. | 562 | 595 | 653 | 642 | 703 |
| Cases refused owing to pressure of work .. | 12 | 7 | 2 | 1 | 2 |

These figures show quite clearly the upward trend of work relating to care for those in the over 75 age group. More maternity cases have been covered which have included an increased number of families who have received help either before or after a hospital confinement. Many families are newcomers to the City and consequently without friends or relatives available to help them.

(*b*) Patients receiving continuous help throughout the year during the past 5 years:—

| | |
|---|---|
| 1957 | 183 cases |
| 1958 | 200 ,, |
| 1959 | 205 ,, |
| 1960 | 290 ,, |
| 1961 | 258 ,, |

In most cases, small but fairly regular amounts of help are sufficient to maintain an elderly and reasonably active person happily at home. Increased help during periods of illness are arranged thus providing a feeling of security and sense of "belonging to the service".

(*c*) Continuous daily help throughout the year was provided for 8 cases as compared with 9 (1957), 8 (1958), 7 (1959).

These cases are a considerable responsibility. Special recruitment is sometimes necessary and it is often the ideal arrangement if the "helper" lives nearby. Difficulties of replacing these helpers at short notice on account of sickness, etc., provides a problem to the Organiser.

(*d*) The department co-operated with the Children's Department in keeping children at home who would otherwise have had to be received into care. In all, 6 families were helped in this way, involving a total of 30 children. The number of child-weeks in which home care replaced boarding-out or admission to a home was 220. The chief difficulty which is met by the Organiser is to recruit suitable Home Helps with sufficient experience and time for the work, and who can be available at short notice. This can be overcome to some extent if help is supplemented by

arranging for Day Nursery or Nursery School admission for younger children; and friends and relatives are more willing to take their turn if too much is not asked of them. In none of the above cases was full-time help found to be necessary. Full-time help for cases of this nature may mean that a Home Help has to be removed from 8 to 10 other cases who are normally in her care, and, with the usual pressure on the service, the reduced amount of help which can then be made available to these cases may produce hardship. It is most desirable that very young children in particular should be kept in their home environment, but not all such cases are suitable for Home Help. Among other factors the co-operation of the parent and family remaining in the house is essential, and the children must be prepared to accept some degree of control from persons who are not necessarily experts in child management.

## 2. Finance

(*a*) Classification for payment during the last 3 years has been as follows:—

| | 1959 | 1960 | 1961 |
|---|---|---|---|
| Full payment .. .. .. .. .. | 130 | 158 | 181 |
| Assessed for part payment .. .. .. .. | 211 | 199 | 216 |
| Free .. .. .. .. .. .. .. | 312 | 285 | 306 |
| Total cases helped .. .. .. | 653 | 642 | 703 |

At the end of the year 4 cases were receiving help at a rate reduced by Committee ruling.

(*b*) During the year the revision was undertaken of the scale of assessment which had not been altered since 1956. The new scale comes into operation on 1st January, 1962.

Personal allowances which were previously based on the retirement pension of £2 in issue 1956 have now been brought into line with the current National Insurance rate of sickness benefit. Each increase made will be brought into effect at once thereby keeping the scale up to date. More realistic allowances for rent, rates and mortgage payments has reflected the increased cost of living. The hourly charge based on a 41 hour week is retained but the charge is progressively more steeply scaled for those with a relatively high income. Limiting accounts to those where the help has resulted in a charge of 2/- or over a month is felt to be a satisfactory way of avoiding the very small account and will be of assistance to those of small means. No charge is now made to those in receipt of National Assistance.

## 3. Staff

The following table shows the Home Help Staff employed at the end of each of the last 5 years:—

| | 1957 | 1958 | 1959 | 1960 | 1961 |
|---|---|---|---|---|---|
| Full time—42 hours* .. .. | 6 | 6 | 8 | 6 | 5 |
| Part-time—27, 24 and 20 hours* .. | 47 | 51 | 54 | 48 | 64 |
| Part-time† .. .. .. .. | 10 | 10 | 12 | 14 | 11 |
| Totals .. .. .. | 63 | 67 | 74 | 68 | 80 |

* guaranteed weekly wage. † paid for hours actually worked.

December 1961 saw the total figure for Home Help Staff reach the highest figure since 1952, and is equivalent to 50 full-time Home Helps.

The period each week when the Home Helps have the opportunity of discussing their work with the Organisers shows clearly that these women are more experienced and better informed about their work than ever before. It is interesting to see the change that comes over a new recruit after even 3 months on the job. She has more confidence and authority and clearly loves what she is doing. The difficult jobs, and these are many, become a challenge and the easier ones a pleasant change.

Recruiting drives took place in March and October and on each occasion some excellent material was found.

## (e) HEALTH EDUCATION

Much of the success of any Health Education campaign, and the methods used, whether verbal or visual, whether by individual or group instruction, depends upon the enthusiasm and personal flair of the educator. For this reason it has been considered wise to give a minimum of direction to those undertaking Health Education, both in the methods used and the aids which they feel will assist them and in the subjects stressed. A member of the medical staff has overall charge of the arrangements for seeing that persons likely to be concerned are notified of new publications and material, and are reminded of subjects which seem likely to be of topical interest, and together with the senior members of the Health Visiting, Midwifery and Home Nursing staffs, is available for consultation with whose working in the field who are in a strong position to be aware of the particular needs and problems of the section of the community with which they are in contact. Health Education carried out by the Public Health Inspectors is directed by the Chief Public Health Inspector.

It is unfortunate that the cramped accommodation in the Health Department does not allow a room in which Health Education could be centred, and where a comprehensive index could be kept, and all materials stored. In such a room displays could be set up, and the centre, to which all could resort, would be valuable in stimulating ideas, and in encouraging the use of attractive modern media. Such a room should also ideally contain a reference and lending library. It is hoped that when new premises are obtained provision will be made for such a centre.

Health Education has previously been largely, although not wholly, aimed at the family with younger children. In the past year education designed to help the older child and adolescent has in particular increased.

Material designed to help immigrants with their health problems has been obtained, and its distribution is mentioned elsewhere in the Report.

Good use has been made of visual aids. Film-strips were given 95 showings, the one most frequently used being "Normal Delivery", which was shown on 12 occasions at parentcraft classes. The film-strip "Burns and Scalds in the Home" was loaned to the Fire Service during Fire Prevention Week in November. Sound films were given 43 showings. Although as a rule it is better to hire films so that the most up-to-date available can be used, when a film is shown frequently it is sometimes an advantage to purchase. The film "Know Your Baby" has been found most useful for parentcraft teaching, and was bought during the course of the year. It was shown 16 times in the nine months it was available in the Department. Other popular films, which were hired, were "The Terrible Twos and Trusting Threes" and "Family Circles". These are useful for discussions on child management. As the Department does not possess its own projector arrangements have to be made to borrow for each film showing. Amongst films shown at clinics during Christmas week

was "How to have an Accident", and the staff were somewhat dismayed to see how many young mothers, only a few years removed from the fun and irresponsibility of school days, were able to watch without a flicker of a smile while Donald Duck wrestled with his recalcitrant domestic equipment. Great care must be taken that Health Education does not give the impression of surrounding the family with innumerable threatening and oppressive hazards, and that gaiety and good humour as an ingredient of happy family life is given due prominence.

Amongst leaflets most frequently issued were those dealing with the preparation of the toddler for the arrival of a new baby, and those dealing with sex education for the older child. During the year the Department produced a list of suitable books, leaflets and visual aids for use by various sections of the community in connection with sex education. This list is intended for reference by teachers and others interested in the welfare of children and young people.

New notices giving lists of clinics for the treatment of venereal diseases were erected in public conveniences throughout the City.

Speakers have been supplied at parents' meetings, the Townswomen's Guild, Young Wives and Mothers Unions on such subjects as sex education, the Home Help Service, and family living. Instruction on child care has been given to girls in four schools, and Home Safety training has been given to girls taking the course for the Duke of Edinburgh's Award.

Ante-natal mothers attended parentcraft classes at the three centres set out below. It is hoped to arrange sessions at which fathers can also attend in the New Year.

| | Number Registered | Total Attendances |
|---|---|---|
| Donnington .. .. | 52 | 287 |
| Bury Knowle .. | 48 | 220 |
| 60 St. Aldate's .. | 24 | 87 |
| Total .. .. | 124 | 594 |

A variety of students and observers were given opportunity to see the workings of the Local Authority Health Services in Oxford City. In June a party of Dutch Home Helps were entertained, and a useful interchange of views occurred.

## SEX EDUCATION PUBLICATIONS AND VISUAL AIDS

The ages given are not intended as an absolute guide, depending, of course, on the child's natural maturity, background and interests.

### Books and Booklets

A very large number of books have been written on the subject. Those listed have been read in the Department and can be recommended. Except where specifically stated the books cover anatomy, physiology of sex and emotional implications in a way suitable for the age range, and they are non-sectarian, Christian ethics being implied, although attitudes are not tied to religious belief.

**(a) Suitable for Children of Junior and Infant Age**

Fine Art publications showing, amongst other works of art, the unclothed human figure.

*A Story About You*: (see under books for Secondary School children). Suitable for reading out loud in extract form.

**(b) Suitable for Secondary (Grammar Modern and Technical) School Children**

*Learning About Love*: by Lerrigo and Southard, pub. Heinemann, c. 7/6. Illustrated. Suggested age range 16—20 years. Boys and girls. Print and layout do not demand high reading capacity.

*He and She*: by Kenneth Barnes, pub. Darwen Finlayson, c. 10/6. p. 207. Illustrated with a few diagrams. Age range 16 and over. Boys.

*The Opposite Sex*: by Rose Hacker (see under books for adults).

*What's Happening to Me*: by Lerrigo and Southard, pub. Heinemann, c. 7/6. p. 63. Illustrated. Age range 12—15 years. Both sexes. Well within the scope of the average child.

*A Story About You*: by Lerrigo and Southard, pub. Heinemann, c. 7/6. p. 62. Illustrated. Age range 11—13 years. Both sexes. Well within scope of average child.

15 + *Facts of Life*: by Kenneth Barnes, pub. British Medical Association. c. 1/-. p. 32. Age range 15 and over. Both sexes. Print small. Not illustrated.

*The Facts of Life*: by Roger Pilkington, pub. British Medical Association, c. 1/-. p. 40. Age range 11—15. Both sexes. Illustrated (mainly humorous). Small print.

*How We Grow Up*: by Cyril Bibby, pub. Central Council for Health Education at 1/- per copy, 7/6 per dozen. p. 15. Age range 11—15. Both sexes. Illustrated. Factual information only; no moral guidance.

*Yourself and Your Body*: pub. National Marriage Guidance Council, c. 6*d*. each. p. 16. Illustrated. Girls 12 to 14.

*The Approach to Womanhood*, pub. National Marriage Guidance Council, 6*d*. each. p. 15. Illustrated. Girls 14 and over.

**(c) Suitable for Adults Responsible for Sex Education,** e.g. parents, youth leaders, teachers.

*Sex Facts and Attitudes*: by Lerrigo and Southard, pub. Heinemann, c. 7/6. p. 78. Illustrated. Easy to read. Parents of adolescents mainly; also pre-adolescents as most start thinking much too late.

*Parents' Privilege*: by Lerrigo and Southard, pub. Heinemann, c. 7/6. p. 63. Illustrated. Easy to read. Parents of children up to 8 years. The style might be helpful to those who have difficulty in expressing themselves with suitable simplicity.

*Journey Through Adolescence*: by Doris Odlum, pub. Pelican, c. 3/6 and Delisle at 10/6. p. 186. Deals mainly with the problems of adolescent, emotional development. Equally suitable for parents of children of either sex.

*Peter and Caroline*: by Hegeler, pub. Tavistock Publications, c. 7/6. Illustrated. Although intended for reading aloud to children aged 3—8 years, it would be useful to initiate discussion in adult groups.

*Sex Enlightenment and the Catholic*: by J. Leycester King, S.J., pub. Burns, Oates and Washbourne. p. 63. Small print.

*What Shall I Tell My Child* (L. 13): pub. Central Council for Health Education at 1/- each, 7/- per dozen. p. 21. Illustrated. Print moderately small.

*How We Grow Up*: (see under books for Secondary School Children). Helpful to the parent with vocabulary difficulties, and one likely to be daunted by longer books. Would require tactful presentation as opening paragraph states it is written for children.

*The Opposite Sex*: by Rose Hacker, pub. Penguin, c. 3/6. p. 213. Also could be read by young people 16 and over.

## Leaflets

### For Children

*Advice on the Monthly Period*: (L. 49) pub. Central Council for Health Education, 3/- per dozen. Suitable for any girl who has reached the menarche, but average reading age would be required by the younger girls.

*You Should Know* (L. 89): pub. Central Council for Health Education, 2/6 per dozen. Both sexes aged 14 and over. Venereal diseases only.

### For Parents

*Preparing the Family for the New Arrival* (A. 5): pub. Central Council for Health Education, 2/- per dozen. Parents of children of nursery and infant school age. Could be used by parents not expecting a new baby to help them answer young children's questions.

*Six Hints to Mothers of Teenage Girls* (L. 32): pub. Central Council for Health Education, 2/- per dozen. Parents of girls aged 10 and over (menstruation).

*Parents and Teenagers* (L. 100): pub. Central Council for Health Education, 2/- per dozen. Parents of children 12 and over, both sexes but more especially girls. (Parent-child relationships.)

## Visual Aids

### (1) Film Strips

*Sex Education No.* 1 (Camera Talks). Colour. Gives opening for instruction on conception and childbirth with correct vocabulary. and for discussion on attitudes towards sex. Adult groups, e.g. parents, student teachers.

*How Life is Handed On* (Common Ground; Educational Supply Association Ltd.). Black and white. Comparative anatomy. reproduction, intercourse. Primary and Secondary schools.

*Human Reproduction* (Common Ground; Educational Supply Association). Black and white. Anatomy, intercourse, foetal development, twinning, menstruation. Secondary schools both sexes.

*Sex and Society* (Common Ground; Educational Supply Association). Black and white. Sexual development, forms of sex relationship, marriage, family planning, venereal diseases. Clearly broken into sections, making it unnecessary to show in toto. Secondary schools; young adults.

*The Story of a Baby* (Ed. Foundation for Visual Aids). Black and white. Based on film Biography Before Birth, q.v. Secondary Schools.

*Young People Growing Up* (Ed. Foundation for Visual Aids). Black and white. Based on film Preparation for Parenthood, q.v. Secondary schools.

*Mother, Can I Go Out Tonight ?* (Central Council for Health Education) Sound film strip. Black and white. Record 78 r.p.m. Conflict between parent and adolescent. Only useful to initiate discusssion. Intended primarily for parents, but could be used for young people 14 and over.

### (2) Films

*Growing Girls* (Ed. Foundation for Visual Aids). Black and white. Running time 11 mins. Menstruation. Primary and Secondary girls. (Teachers intending to use this film may wish to discuss certain aspects with the School Medical Officer).

*Biography Before Birth* (Ed. Foundation for Visual Aids). Black and white. Running time 18 mins. Logical sequence from and including intercourse to birth and care of a baby. Secondary schools, both sexes.

*Preparation for Parenthood* (Ed. Foundation for Visual Aids). Black and white. Running time 17 mins. Foetal development, intercourse, menstruation, twinning. Secondary schools, both sexes.

**(3) Miscellaneous**

(*a*) *Flannel Graphs*

*Anatomy.* Central Council for Health Education. Primary and secondary schools, boys and girls.

*Growing Up.* Central Council for Health Education. Anatomy and vocabulary; pubertal changes; conception; birth; family life; venereal diseases. Primary and secondary schools, both sexes.

(*b*) *Diagrams, Atlases and Wallcharts*

*Atlas of Anatomy and Physiology of the Human Body*, pub. Bailliere, Tindal and Cox.

*Human Reproduction* (Diagrams), pub. Garrard.

*Reproduction of Man* (Wallcharts), pub Educational Productions. Male pelvis; female pelvis and sex organs; internal sex organs; growth of the foetus; development of embryo.

(*c*) *Models*

*The Visible Man. The Visible Woman.* Anatomical models—all systems of the body. An American production obtainable through toy shops. Primary and secondary schools; both sexes.

## (f) RECUPERATIVE HOLIDAYS

Recuperative holidays were arranged for 24 persons during the year (27 in 1960), 21 being recommended by general practitioners and 3 by hospitals. As in previous years the majority of cases are women, for whom in most households relief from work and responsibility within the home is impossible. A number of agencies arrange holidays for children, and during the year the Department did not receive any request in respect of this group.

Applicants were assessed for payment as follows:—

| | |
|---|---|
| Persons making payment in full .. .. | 3 |
| Persons making part payment .. .. .. | 15 |
| Persons making no payment .. .. .. | 6 |

Travelling expenses for 8 persons were paid by the Council.

The total cost to the Council was £150 5*s.* 6*d.*

Applicants were received at the following Homes:—

| | *Men* | *Women* |
|---|---|---|
| Bell Memorial Home, Lancing .. .. .. .. | — | 10 |
| Belvedere Nursing Home, Swanage .. .. .. | — | 1 |
| B.R.C.S. Camp for Disabled .. .. .. .. | — | 3 |
| St. John's Convalescent Home, Weston Favell .. | 4 | 6 |
| | 4 | 20 |

Reports by Dr. J. H. M. TILLEY
Assistant Medical Officer of Health

## (g) NURSING HOMES

In 1961, the registration of one nursing home was terminated when the property was put up for sale by the Trustees for the former owner-superintendent, who died in 1960. At 31st December, 1961, the homes on register were:—

| | *Beds available* |
|---|---|
| Acland Nursing Home, 23/25 Banbury Road .. | 44 |
| St. John's Home, St. Mary's Road .. .. | 68 |
| St. Luke's Home, Linton Road .. .. .. | 33 |

The beds available included three brought into use at St. John's Home, under an extension of registration granted in 1960.

A total of 8 inspections and 5 other visits were made by members of staff to these registered premises.

The closing of Restholme Nursing Home is regretted. Attempts by the Trustees to sell this home as a going concern were unsuccessful. Fortunately, the loyalty and energetic efforts of the staff of the home resulted in removal of all 7 aged residents to satisfactory accommodation with as little distress as possible under the circumstances. No recourse to Part III or hospital accommodation was necessary. This was a last tribute to the personality of Miss Watson, the late owner-superintendent.

The remaining three nursing homes all have charitable foundations and meet very real needs; these facts would appear to call for a constructive attitude from Local Authority staff. In one case, difficulties in staffing and maintenance which obviously arose from financial stringency were dealt with by suggesting a charitable appeal, which proved highly successful. The Trustees of Charitable Foundations are much concerned that their grants should be made to institutions whose affairs are on a sound economic basis, and that the possibility of Local Authority facilities should not be overlooked. In the case of one nursing home, for example, it was advised that some beds could, under certain circumstances, be recognised as Part III accommodation. With this sort of approach there is usually ready compliance with any suggestions for improvement made during statutory inspections. Fortunately, use of statutory powers in relation to existing nursing homes is extremely unlikely, since these powers are of the sledge-hammer variety, e.g. cancellation or reduction of registration.

## (h) DOMICILIARY OCCUPATIONAL THERAPY

This year was marked by the retirement of the Head Occupational Therapist, Miss Targett, who had opened the department of Domiciliary Occupational Therapy in 1951. We wish her happiness in her recent marriage. She was succeeded by Miss Gould who had assisted her since 1958.

During the course of the year, the number of patients has steadily increased. They have been referred from a multitude of sources, including consultants, general practitioners, almoners, health visitors, district nurses, the British Red Cross Society and even one from S.S.A.F.A. The Head Occupational Therapist now undertakes to do the first visit to each patient, so that she may know everyone who is on the books, and can decide who should visit the patient. As the name of the service implies, the majority of patients are visited in their own homes. A minority of patients are living in the Council's Old Peoples' Homes, so one afternoon visit per week is made to each of three homes. Finally a group of between ten and fourteen patients attend the department one afternoon per week, when they can be shown new crafts or work on projects different to those which they are doing at home. On the same afternoon once a month, a social gathering is arranged at which someone gives a talk, or a slide show. The first speaker invited was the Fire Prevention Officer, who gave the patients a very interesting and instructive lecture. Otherwise, whist drives, etc., are held; and of course, there is the annual Christmas party. For this event held shortly before Christmas, two members of the W.V.S. kindly assisted with the transport, so that more patients than usual were able to attend.

The sale of goods through the Blind and Handicapped Retail Shop has continued to prove most successful and remunerative to the patients. The total value of goods sold during the course of the year amounted to nearly £700, approximately two-thirds of this amount going to the patients in the form of profit. There have been over seventy special orders, (particularly from the colleges), for articles or repairs. Knowing that their work is of high enough standard to receive orders direct from the public, and that payment is certain, is excellent for the morale of the patients concerned.

The Occupational Therapists had decided to hold a craft competition for the Chest Clinic patients from the City and County, and the Osler Hospital, earlier in the year than usual, and have a separate competition later in the year for all the other patients. Owing to Miss Targett's retirement, this later arrangement did not materialise. However, a most successful competition was held at the Osler Hospital on a glorious sunny and warm day in May. Several side shows were organised and very ably run with the assistance of about twenty students from Dorset House School of Occupational Therapy by kind permission of the principal Miss E. M. MacDonald. A sum of £11 was raised from the sideshows and

has been kept to assist in the running of future competitions. Dr. Ridehalgh, as Chairman, gave his usual untiring support, and his wife presented the prizes. In September, the Association of Occupational Therapists held a week's refresher course at Liverpool, the first ever for Domiciliary Occupational Therapists. Miss Gould met Occupational Therapists from all over the country, and found the conference most valuable.

The Head Occupational Therapist has visited Mary Marlborough Lodge, where the severely disabled are provided with specialised aids. She has also inspected Rivermead Rehabilitation Workshop and one engineering firm whose personnel manager has been very co-operative in suggesting employment for handicapped persons. It is hoped that this liaison, and also the liaison with the Council's Sheltered Workshop, on which the service is centred, will continue to grow.

## (i) CHIROPODY

1961 was the first complete year of operation of the Council's arrangements for chiropody under Section 28 (1) of the National Health Service Act, 1946.

As in the last quarter of the previous year, the scheme cared for the elderly or physically handicapped. Clinics were held under the auspices of the Oxford Council of Social Service at 9 Old Peoples' Clubs, with the condition that non-members were not excluded. Treatment was given to the residents of each of the Council's Old Peoples Homes, and a weekly clinic operated at Marston Court Old Peoples Home for "transport cases", i.e. non-residents unable to walk to the Old Peoples Clubs. Finally domiciliary visits were made to a few housebound persons:

| *Place of Treatment* | 1*st Oct.*—31*st Dec.*, 1960 | | | 1*st Jan.*—31*st Dec.*, 1961 | | |
|---|---|---|---|---|---|---|
| | *Numbers of*: | | | *Numbers of*: | | |
| | *patients* | *treat-ments* | *sessions* | *patients* | *treat-ments* | *sessions* |
| Old Peoples Clubs | 187 | 238 | 45 | 332 | 1,047 | 189 |
| Old Peoples Homes | Total residents 300 | 339 | 48 | 210* | 1,600* | 200* |
| Marston Court (Transport session) | 46 | 73 | 13 | 80 | 268 | 48 |
| Patient's residence | — | 19 | — | 17 | 36 | — |

*Approximate figures only

These statistics show little change in the volume of work done, comparing the last quarter of 1960 with all four quarters of 1961. To some extent this is explained by a limitation of services available rather than of demand, since chiropodists devote most of their time to private practice. When more chiropodists are available it will be possible to give more frequent treatment to those with minor foot handicaps.

In spite of this limitation, the service was able to give some relief to the chiropody clinics of the Radcliffe Infirmary, by taking over patients who were no longer under regular out-patient supervision by the physician or surgeon who first referred them to the chiropody clinic.

Miss Singleton has been responsible for care of the residents of all the Council Homes, and of the "transport cases". With the increasing number of Homes and "transport cases" it is desirable that she should be covered by a relief chiropodist for holiday and sick leave, and attempts continue to be made to obtain a second part-time chiropodist for direct employ by the Health Department. The qualifications of this chiropodist should conform with the National Health Service (Medical Auxiliaries) Regulations, 1954.

Three chiropodists undertaking sessional work for the Department left the City during the year. They included Mr. J. R. Jobson, at the time Chairman of the Berkshire, Buckinghamshire and Oxfordshire Branch of the Society of Chiropodists, who took a stimulating interest in the development of the City scheme, and his wife, who was responsible for domiciliary treatments. We wish them both successful careers in Australia.

This year has seen the setting up of a Board of Registration for Chiropodists under the Professions Supplementary to Medicine Act, 1960. It is hoped that all concerned will strive constructively towards such desirable ends as fitting the most expert care to the most crippled feet, and the compilation of a Register combining adequate quality with adequate quantity.

## (j) THE OXFORD AID IN SICKNESS CHARITIES: INCLUDING THE DOMICILIARY PHYSIOTHERAPY SERVICE

The Medical Officer of Health has again been represented at the meetings of the Committee of this Charity, which provides aid under two headings:—

### 1. Domiciliary Physiotherapy Service

One full-time and one part-time Physiotherapist travel by car and van to give domiciliary treatment to patients whose means do not allow them to engage a private Physiotherapist. Introduction is through the family doctor by application form to the office of the Charities at 16 Broad Street, or, in urgent cases, by message to the Senior Physiotherapist, Miss I. M. Gray, c/o Department of Physical Medicine, Radcliffe Infirmary.

In the 12 months ending 31st December, 1961, 1,911 treatments, (255 free) were given to 105 patients.

Towards the end of the year, Miss Slater, the part-time Physiotherapist, had to resign because she had removed from the district, and was succeeded by Mrs. Abbs, late of the Physiotherapy Department, Churchill Hospital.

### 2. The Lying-in Charity

Two grants were made during the year, in the form of food, fuel and baby napkins. Urgent applications by the Non-Medical Supervisor of Midwives are approved by the Medical Officer of Health, who then informs the Charity. In both cases the midwife was very pleased to be able to supply the physical necessities for successful confinements in these needy homes.

# SECTION IV

## INFECTIOUS DISEASES

Report by G. F. Willson, M.D., D.P.H.,
Deputy Medical Officer of Health

### (a) EPIDEMIOLOGY

**Scarlet Fever**

56 cases were notified during the year, rather less than half the number notified the previous year. The upward trend observed since 1958 has thus been reversed. 32 cases occurred during the three months March to May inclusive, the remainder being fairly evenly distributed throughout the year.

**Diphtheria**

For the twelfth successive year, no case of diphtheria occurred.

**Typhoid and Paratyphoid Fevers**

No case of typhoid fever was notified during the year, but a single case of infection with Salmonella paratyphi B was notified in November. This was a woman who was taken ill while touring Scotland and had been treated with antibiotics. Her symptoms recurred after she had returned to Oxford about a fortnight later, and she was admitted to the Radcliffe Infirmary for investigation. No pathogenic organisms were isolated but her agglutination reactions were indicative of recent infection with Salmonella paratyphi B.

**Poliomyelitis**

A single case of paralytic poliomyelitis occurred in May, the first one in the City for two years. The patient had not been previously immunised and had both limbs on one side affected. There was no history of any known contact.

**Measles**

1961 was an epidemic year for measles, the 1,711 cases notified being the highest total since 1953. The epidemic commenced in November, 1960, and had its greatest incidence in the first four months of 1961 when 1,600 cases were notified. Of the total notifications, 959 were in children below compulsory school age and 639 were in children aged from 5 to 10, leaving only 113 in older age groups. One of these was a patient of 65.

A 7 year old girl developed measles encephalitis a few days after the appearance of the rash and was admitted to the Slade Hospital. She became unconscious and remained so for seven weeks after which satisfactory physical recovery occurred. Considerable mental defect remained, however, and her rehabilitation and training still continue at the Park Hospital.

The amount of time spent in dealing with the notifications during an epidemic of this extent is very considerable indeed. It is depressing to realise that from the point of view of the control of infectious disease the notification of measles is completely worthless.

**Whooping Cough**

80 cases were notified, all except 9 during the winter and spring months. This compares with 55, 40, 23 and 213 cases occurring in the previous four years respectively.

33 of the notifications were in children previously immunised, the intervals between the last injections and the onset of illness varying between 3 months and 5 years. A follow-up of these immunised cases showed that, apart from paroxysmal cough, vomiting was the commonest symptom, this feature being exhibited by 27 of the children concerned. Less than half (15) were heard to whoop. Leaving out 3 children whose illness had only recently started at the time of follow-up, the duration of cough was two to three weeks in 11 cases, four to seven weeks in 11 cases, and over eight weeks in 8 cases.

**Bacillary Dysentery**

101 cases of dysentery were notified during the year, one of which was due to infection with Shigella flexneri and the remainder to Shigella sonnei. 80 cases of the latter occurred from January to April inclusive, the remainder being scattered throughout the rest of the year. 35 of the cases involved persons aged 15 and over. 29 cases were school children attending 11 different schools, the only significant concentration being 11 cases at Cowley St. Christopher's Infant and Junior Schools.

The solitary infection with Shigella flexneri was thought to have been contracted whilst on holiday in Italy.

**Infective Hepatitis**

To assess the incidence of infective hepatitis in the community is always difficult as it is not a notifiable disease, but in the autumn it became known that cases were occurring in school children. The Wood Farm and Headington schools were the ones mainly affected, about 50 cases having occurred by Easter, 1962.

**Food Poisoning**

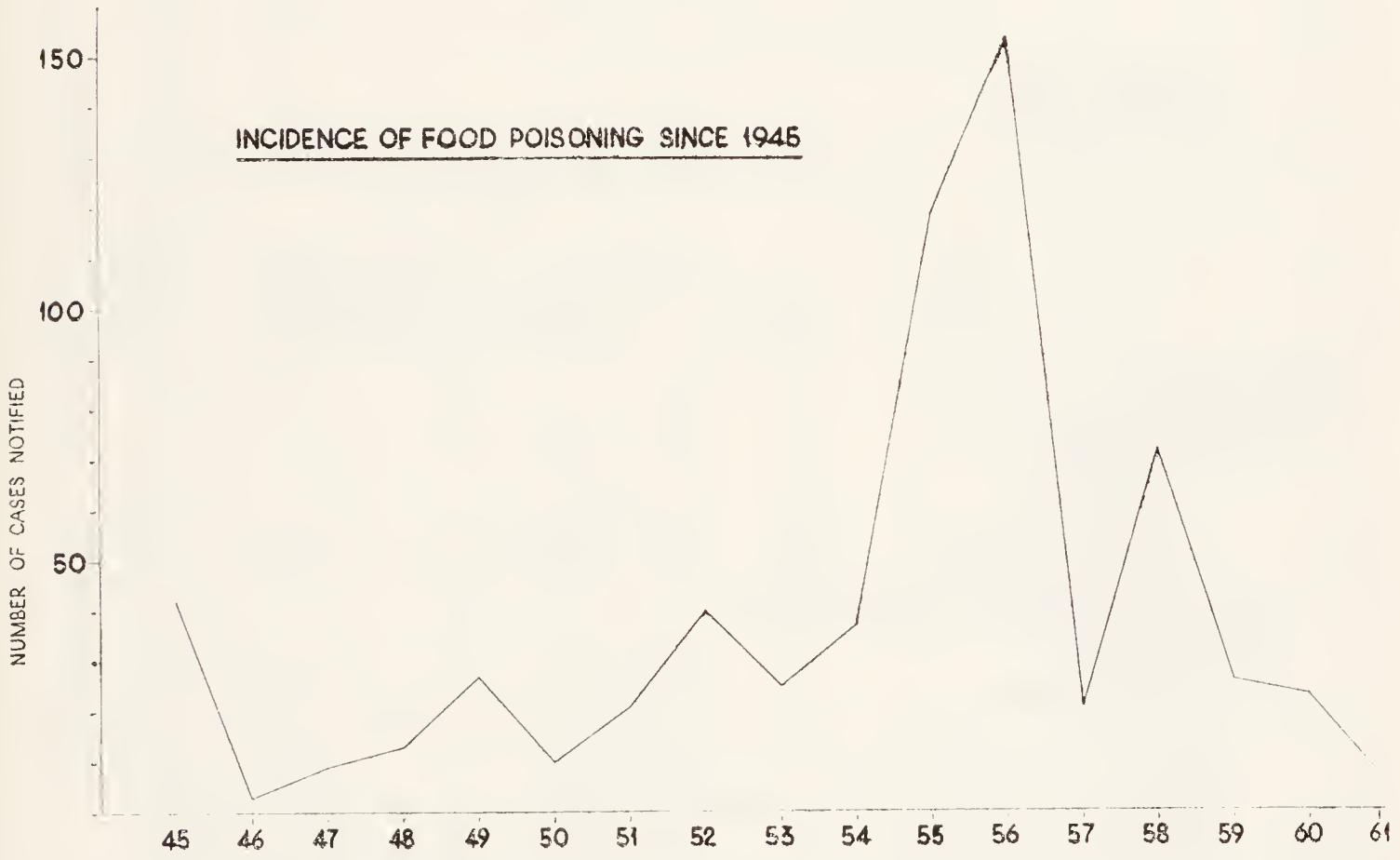
The number of food poisoning notifications was only 6 compared with 23, 26 and 72 in the previous three years. The following organisms were isolated from notified cases:—

| | |
|---|---|
| Salmonella heidelberg .. .. .. | 3 |
| ,, typhi-murium .. .. | 2 |
| ,, linton .. .. .. | 1 |

In addition, one symptomless home contact was found to be excreting Salmonella heidelberg. In no case was the source of infection discovered.

In the case of Salmonella heidelberg, 3 different households were involved during a period of about one month. It was a considerable time since any cases of this infection had been notified in Oxford, but exhaustive enquiries failed to disclose any connection between the 3 households concerned in the present outbreak. An outbreak in Darlington which had just preceded the one in Oxford had been shown to be associated with infected pigs. Attention was, therefore, given to sewer swabbing at the local abattoir and to the swabbing of the various stores from which the cases concerned had purchased their meat and meat products but with consistently negative results.

The case of Salmonella linton was a young child who was taken ill on the ship bringing him from Africa. It was not found possible to identify the Salmonella which was isolated and it was confirmed, by the Salmonella Reference Laboratory, as a new type. It was christened Salmonella linton after the road in which the patient lived.




**Annual Return of Food Poisoning**

The following information is compiled on a prescribed form at the request of the Ministry of Health:

| | | |
|---|---|---|
| **1.** | Number of food poisoning notifications received .. | 6 |
| | Number of cases otherwise ascertained .. .. | — |
| | Number of symptomless excreters .. .. .. | 1 |
| | Fatal cases .. .. .. .. .. .. | — |

## 2. Particulars of outbreaks

| Agent | No. of Outbreaks | | No. of cases | | Total No. of cases |
|---|---|---|---|---|---|
| | Family outbreaks | Other outbreaks | Notified | Otherwise ascertained | |
| Agent identified: | | | | | |
| (*a*) Chemical poisons | — | — | — | — | — |
| (*b*) Salmonella | — | — | — | — | — |
| (*c*) Staphylococci (including toxin) | — | — | — | — | — |
| (*d*) Cl. botulinum .. | — | — | — | — | — |
| (*e*) Cl. welchii .. | — | — | — | — | — |
| (*f*) Other bacteria .. | — | — | — | — | — |
| Totals .. | — | — | — | — | — |
| Agent not identified | — | — | — | — | — |

## 3. Single cases

| Agent | No. of cases | | Total No. of cases |
|---|---|---|---|
| | Notified | Otherwise ascertained | |
| Agent identified: | | | |
| (*a*) Chemical poisons .. .. .. | — | — | — |
| (*b*) Salmonella | | | |
| Heidelberg .. .. .. | 3 | — | 3 |
| Linton .. .. .. .. | 1 | — | 1 |
| Typhi-murium .. .. .. | 2 | — | 2 |
| (*c*) Staphylococci (including toxin) .. | — | — | — |
| (*d*) Cl. botulinum .. .. .. | — | — | — |
| (*e*) Cl. welchii .. .. .. .. | — | — | — |
| (*f*) Other bacteria .. .. .. | — | — | — |
| Totals .. .. .. .. | 6 | — | 6 |
| Agent not identified | — | — | — |

## 4. Salmonella infections, not food-borne

| Salmonella (type) | Outbreaks | | No. of cases (outbreaks) | Single cases | Total No. of cases (outbreaks and single cases) |
|---|---|---|---|---|---|
| | Family | Other | | | |
| | — | — | — | — | — |
| Totals | — | — | — | — | — |

# NOTIFIABLE INFECTIOUS DISEASES SINCE 1942

| DISEASE | 1942 | 1943 | 1944 | 1945 | 1946 | 1947 | 1948 | 1949 | 1950 | 1951 | 1952 | 1953 | 1954 | 1955 | 1956 | 1957 | 1958 | 1959 | 1960 | 1961 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Smallpox ... | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Scarlet Fever | 252 | 444 | 275 | 304 | 122 | 115 | 76 | 115 | 39 | 76 | 102 | 136 | 35 | 23 | 24 | 29 | 56 | 94 | 118 | 56 |
| Erysipelas ... | 36 | 39 | 42 | 32 | 19 | 22 | 25 | 33 | 24 | 15 | 18 | 20 | 21 | 16 | 1 | 10 | 10 | 8 | 13 | 17 |
| Puerperal Pyrexia ... | 138 | 95 | 96 | 73 | 72 | 53 | 49 | 77 | 53 | 64 | 126 | 117 | 105 | 149 | 116 | 93 | 100 | 47 | 47 | 41 |
| Ophthalmia neonatorum | 8 | 20 | 9 | 7 | 16 | 36 | 59 | 83 | 18 | 13 | 18 | 47 | 47 | 37 | 64 | 65 | 50 | 14 | 18 | 18 |
| Pemphigus neonatorum | — | — | — | 2 | 10 | 15 | 17 | 9 | 2 | 3 | 1 | 2 | — | 1 | — | 1 | — | 1 | 2 | 2 |
| Diphtheria ... | 24 | 14 | 11 | — | 5 | 14 | 2 | 1 | — | — | — | — | — | — | — | — | — | — | — | — |
| Measles ... | 52 | 1695 | 136 | 2199 | 114 | 904 | 1472 | 1141 | 986 | 1294 | 461 | 2376 | 13 | 1001 | 888 | 1220 | 139 | 1117 | 409 | 1711 |
| Whooping Cough ... | 61 | 599 | 575 | 244 | 178 | 772 | 573 | 240 | 586 | 741 | 71 | 367 | 302 | 90 | 29 | 213 | 23 | 40 | 55 | 80 |
| Pneumonia ... | 109 | 109 | 57 | 97 | 87 | 79 | 60 | 76 | 79 | 96 | 64 | 91 | 71 | 81 | 65 | 71 | 51 | 56 | 22 | 34 |
| Poliomyelitis— | | | | | | | | | | | | | | | | | | | | |
| Paralytic | 1 | 1 | 7 | 3 | 1 | 22 | 9 | 19 | 7 | 4 | 4 | 6 | 2 | 13 | 1 | 6 | 1 | — | — | 1 |
| Non-paralytic | | | | | | | | | 1 | — | — | — | — | 3 | 1 | — | — | — | — | — |
| Acute Encephalitis— | | | | | | | | | | | | | | | | | | | | |
| Infective ... | — | — | — | — | — | — | — | — | 1 | 1 | — | 1 | 1 | — | — | — | — | — | — | — |
| Post-infectious | — | — | — | — | — | — | — | — | — | 1 | — | — | — | — | 4 | — | — | — | — | 1 |
| Meningococcal infection | 12 | 12 | 5 | 2 | 5 | 13 | 4 | 2 | — | 4 | 2 | 5 | 3 | 6 | — | 2 | 3 | 2 | 2 | 3 |
| Typhoid Fever | 5 | 2 | — | — | — | — | 1 | — | 2 | — | — | — | — | 1 | 1 | — | — | 1 | — | — |
| Paratyphoid | 1 | — | — | 1 | — | 7 | 1 | — | 2 | — | — | — | 2 | 2 | — | — | — | 2 | 2 | 1 |
| Bacillary Dysentery | 80 | 44 | 28 | 171 | 9 | 13 | 26 | 16 | 30 | 255 | 68 | 79 | 233 | 66 | 526 | 127 | 28 | 90 | 125 | 101 |
| Amoebic Dysentery | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 1 | — | — | — | — | — |
| Food Poisoning | — | — | — | 42 | 3 | 9 | 13 | 27 | 10 | 21 | 40 | 25 | 37 | 119 | 154 | 21 | 72 | 26 | 23 | 6 |
| Malaria .. | — | — | — | — | 2 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |

## CASES OF INFECTIOUS DISEASES NOTIFIED FROM HOSPITALS

| | Radcliffe Infirmary | Churchill Hospital | Slade Hospital | Cowley Road Hospital | Oxford Eye Hospital | Park Hospital |
|---|---|---|---|---|---|---|
| Scarlet Fever .. .. .. .. | — | 1 | 1 | — | — | — |
| Erysipelas .. .. .. .. | — | — | — | 1 | — | — |
| Puerperal pyrexia .. .. .. | 39 | 2 | — | — | — | — |
| Ophthalmia neonatorum .. .. | 13 | — | — | — | 1 | — |
| Pemphigus neonatorum .. .. | — | — | 1 | — | — | — |
| Measles .. .. .. .. | 1 | 3 | 8 | — | — | 6 |
| Pneumonia .. .. .. .. | — | — | 5 | — | — | — |
| Poliomyelitis—paralytic .. .. | 1 | — | — | — | — | — |
| Acute Encephalitis .. .. .. | — | — | 1 | — | — | — |
| Meningococcal infection .. .. | 1 | 1 | 1 | — | — | — |
| Paratyphoid .. .. .. .. | 1 | — | — | — | — | — |
| Bacillary Dysentery .. .. .. | 8 | — | 11 | — | — | — |
| Food poisoning .. .. .. .. | — | — | 3 | — | — | — |
| | 64 | 7 | 31 | 1 | 1 | 6 |

## AGE AND WARD OF ALL NOTIFIED INFECTIOUS DISEASES IN 1961

| NOTIFIABLE DISEASES | CASES NOTIFIED IN WHOLE DISTRICT AGES IN YEARS | | | | | | | | | | | | | TOTAL NUMBER OF CASES IN EACH WARD | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | At all ages | Under 1 yr. | 1– | 2– | 3– | 4– | 5– | 10– | 15– | 20– | 35– | 45– | 65– | S'town & W'ver-cote | North | West | South | East | Head ington & M'ston | Cowley & Iffley |
| Scarlet Fever .. .. | 56 | — | 3 | 8 | 5 | 9 | 20 | 7 | 2 | 1 | — | 1 | — | 1 | 3 | 2 | 1 | 2 | 13 | 34 |
| Erysipelas .. .. | 17 | — | — | — | — | — | 2 | — | — | 5 | 3 | 6 | 1 | — | — | — | — | 1 | 1 | 15 |
| Puerperal pyrexia .. | 41 | — | — | — | — | — | — | — | 4 | 31 | 6 | — | — | — | 39 | — | — | — | 2 | — |
| Ophthalmia neonatorum | 18 | 18 | — | — | — | — | — | — | — | — | — | — | — | — | 14 | — | 1 | — | — | 3 |
| Pemphigus neonatorum | 2 | 2 | — | — | — | — | — | — | — | — | — | — | — | — | 1 | — | — | — | — | 1 |
| Measles .. .. | 1711 | 51 | 163 | 211 | 289 | 245 | 639 | 63 | 36 | 8 | 5 | — | 1 | 173 | 85 | 186 | 48 | 157 | 516 | 546 |
| Whooping Cough .. | 80 | 4 | 11 | 13 | 8 | 12 | 24 | 4 | — | 3 | 1 | — | — | 6 | 4 | 4 | 8 | 11 | 18 | 29 |
| Pneumonia .. .. | 34 | — | 2 | — | — | — | 1 | 2 | 1 | 2 | 1 | 12 | 13 | 4 | 4 | 10 | 4 | 7 | 4 | 1 |
| Poliomyelitis-paralytic | 1 | — | — | — | — | — | — | — | — | 1 | — | — | — | — | — | — | — | — | — | 1 |
| Acute Encephalitis .. | 1 | — | — | — | — | — | 1 | — | — | — | — | — | — | — | — | — | — | 1 | — | — |
| Meningococcal infection | 3 | 1 | — | 1 | — | — | — | — | — | — | — | 1 | — | — | — | — | — | 2 | 1 | — |
| Paratyphoid .. .. | 1 | — | — | — | — | — | — | — | — | 1 | — | — | — | — | 1 | — | — | — | — | — |
| Bacillary Dysentery .. | 101 | 4 | 5 | 8 | 5 | 8 | 28 | 8 | 4 | 22 | 3 | 6 | — | 2 | 12 | 5 | 1 | 4 | 29 | 48 |
| Food Poisoning .. | 6 | — | — | 1 | — | — | — | 1 | 1 | 1 | — | 2 | — | — | 1 | — | — | — | 3 | 2 |
| | 2072 | 80 | 184 | 242 | 307 | 274 | 715 | 85 | 48 | 75 | 19 | 28 | 15 | 186 | 164 | 207 | 63 | 185 | 587 | 680 |

## (b) THE SLADE HOSPITAL. Infectious Diseases Department

The arrangement by which the Medical Officer of Health with the assistance of his Deputy, is responsible to the Board of Governors of the United Oxford Hospitals for the clinical control of the infectious diseases patients at the Slade Hospital has continued to be of the greatest value to all concerned.

Dr. A. G. Ironside, M.B., Ch.B., M.R.C.P., continued as Resident throughout the year, and the following report prepared by him is included by reason of the fact that the infectious diseases patients at the Slade Hospital are so very closely connected with the epidemiological work of the Health Department.

"There were 488 admissions to the 36 beds of the Infectious Diseases Department of the Slade Hospital. For many years now the admission rate has varied between four and five hundred, so the year has been an average one.

As will be seen from the following figures the variety of disease is a very wide one, and the fact that the wards are cubiclised makes this manageable. There are hopes that the department will soon consist entirely of single cubicles which will allow for even easier accommodation of different diseases within the same ward.

The number of assistant nurses and pupil assistant nurses available for the wards has been dropping steadily for the last few years, and has made for a considerable shortage of nurses at times. This has put a heavy and increasing strain on our few full-time and part-time trained staff and it is a pleasure to say how well they have carried on the work in the face of this shortage.

The only notable epidemic was of measles in the early months of the year. This accounted for 47 admissions mostly in young children of pre-school age. Most of the cases were complicated, only 15 being straightforward and admitted for social reasons. By far the commonest complication was pneumonia, mostly of the bronchopneumonia type and this accounted for 21 admissions. Several of these children were severely ill and cyanosed on admission, but with chemotherapy and oxygen treatment all recovered. There were 4 cases of otitis media. There were 2 cases of measles encephalitis. Although this is a rare complication it is also the most dreaded. One of the cases recovered completely, but the other, a girl of eight, had a very severe illness with respiratory failure which had to be treated with tracheotomy and intermittent positive pressure respiration. After a very prolonged illness, it was found that she was severely impaired mentally and this would now seem to be permanent. Other isolated complications included synovitis of hip; laryngeal stridor; convulsions; haematemesis and epistaxis; while 4 cases occurred in children who were already ill from some other condition.

At present the only way of protecting susceptible children from measles is by the use of gammaglobulin, but this has a very short-lived

effect. A live virus vaccine has been produced but is still in an experimental phase. It may be that such a vaccine will be able to prevent the complication of pneumonia, and this would be desirable, although measles pneumonia has done no real harm in Oxford in recent years. Will the vaccine be able to prevent the complication of encephalitis and, even more important, will the live attenuated virus used in the vaccine be incapable of causing encephalitis ? Such issues can only be settled by an extensive and well-controlled trial.

The largest single cause of admission during the year was non-specific gastro-enteritis which accounted for 95 cases. This is not a specific disease but is merely a convenient descriptive term for patients suffering from acute vomiting and diarrhoea usually with fever, from whom no pathogenic organism can be isolated. This condition may well be due to a variety of unknown infections. Cases in infants under two years numbered 34, the remaining 61 patients being adults and older children.

The infancy group contained 21 uncomplicated cases. There were 9 cases complicated by dehydration, of which 7 were successfully treated by our usual routine of frequent small oral feeds of salt solution. One very weak baby of a few weeks old was too feeble to feed and was, therefore, treated with intravenous fluid from the time of admission, but died abruptly 12 hours later. The remaining infant had severe gastro-enteritis complicated by extensive bronchopneumonia and, in spite of intensive treatment with antibiotics, oxygen and fluid replacement, died. From one of the cases who recovered, a B. coli of the 026 group was isolated, and this baby was also very anaemic. Two other infants with severe congenital disease, one of the heart, the other a hydrocephalic, were admitted because of the finding of a B. coli of the 026 type, but neither of these suffered from a severe enteritis. The present status of these agglutinable types of B. coli as a cause of gastro-enteritis in infancy is undecided. They are only found in a small minority of cases of gastro-enteritis in Oxford, so that they are clearly not a major cause of the disease. On the other hand, it is probably still wise to remove to an isolation hospital any infant in an institution or children's hospital found to be excreting these organisms. Two infants were admitted because of the occurrence of convulsions during the course of gastro-enteritis.

Included amongst the adults were a group of 17 hospital nurses admitted at the beginning of the year with winter vomiting disease. The remainder comprised 35 uncomplicated cases and 8 with complications, including dehydration; diabetes; hypoglycaemia plus permanent mental changes; haemophilia; and pregnancy. Two elderly ladies suffering from gastro-enteritis developed coronary thrombosis and died.

There were as usual a number of patients admitted as possible cases of gastro-enteritis where the diagnosis turned out to be some other medical or surgical disease. These included two cases each of feeding problems in infancy and gangrenous appendicitis; and single cases of diverticulitis; hiatus hernia; intussusception of infancy; ulcerative colitis; cancer of the colon; and Crohn's disease in a diabetic patient.

The pneumonia group of illnesses formed as usual one of the main causes of admission, totalling 42 cases. Twenty were classical cases of lobar pneumonia, a disease which must still be considered common in Oxford. Although several of these were complicated and others were acutely ill, there were no deaths in the group, the majority recovering with penicillin treatment alone. The complications encountered were rheumatoid arthritis; thrush; mumps; malnutrition; gastro-enteritis; barbiturate poisoning; and acute psychosis. There were 13 cases of bronchopneumonia in adults and 6 in infants. Amongst the adults, 2 were complicated, one by anaemia and one by heart failure. The infants, who were all very ill and cyanosed, came in within a few days of each other, which suggested a common virus infection as a cause. Two cases were complicated, one by anaemia and one by an abscess. All recovered. There were also admitted 2 cases of acute bronchitis and one of dry pleurisy.

There were 26 admissions for Sonne dysentery during the year. This is usually a mild disease but 2 infants also had bronchitis, and 3 cases occurred in patients already handicapped, one being a congenital spastic, one a child with heart failure due to congenital disease, and one a woman in the puerperium. Four other cases deserve special mention, namely members of a family who had recently come from Pakistan, and who were admitted because of diarrhoea and general debility. They were all found to be very anaemic due to prolonged malnutrition. They were all suffering from Sonne dysentery, but in addition each was infected with both round worms and whip worms. Although neither of these types of worms is of much clinical significance, these cases do illustrate one of the problems of mass immigration from countries where infectious diseases are more rife. The current smallpox outbreak is the most outstanding example of this problem, but it is also known that a good deal of venereal disease and pulmonary tuberculosis are imported, as well as various bowel infections and infestations. Striking examples seen in this hospital have been two patients, one from Pakistan and the other from the West Indies, who between them mustered no fewer than five infections, namely tuberculosis, gonorrhoea, syphilis and two different types of dysentery.

There were 22 cases of acute tonsillitis, mostly streptococcal, and the illness seemed rather more severe than formerly. Four were complicated by quinsy and several were recommended to have their tonsils removed after recovery.

Chickenpox accounted for 15 admissions and herpes zoster for 7. Two of the chickenpox cases were complicated, one by scarlet fever and cellulitis, and the other by mental defect and bedsores. Two of the herpes zoster cases were complicated, one by urinary infection and the other by a chickenpox rash. All recovered.

Glandular fever remains a relatively common disease, particularly among the undergraduate population of Oxford, and accounted for 19 admissions. Five were of the severe anginose type but all recovered.

Sometimes this can be a prolonged and debilitating illness and, on recovery, a good old-fashioned convalescent holiday is recommended.

Infective hepatitis also mainly affects young adults and there were 19 admissions. Four of the cases were complicated, one by pregnancy, one by anaemia, one by dehydration, and one little girl who had apparently a mild hepatitis developed gross ascites and pleural effusion, a most unusual complication of this illness. The fluid was eventually absorbed. and she seemed to make a perfect recovery. All the other cases recovered.

There were 15 admissions with upper respiratory infections. Two were complicated by febrile convulsions, one by dehydration surprisingly without diarrhoea or vomiting, and one by otitis media. All recovered. There were 12 admissions classified vaguely as influenza, similar really to the previous group but mostly in older persons.

There were 9 admissions with rubella, 2 of whom were complicated by a flitting polyarthritis. All the cases were mild.

There were 8 admissions for whooping cough. One was a child of nine who had a mild attack, all the others being infants, their ages being respectively 13 months, 12 months, 12 months, 4 months, 4 months, 7 weeks and 4 weeks. None had been immunised against whooping cough. The four youngest all had a severe illness with repeated attacks of cyanosis, requiring great skill in nursing care. All the children recovered and there was no residual lung damage.

There were 8 cases of meningitis, 2 being meningococcal, with complete recovery. The remaining 6 cases were virus meningitis.

There were 7 cases of mumps admitted during the year, one complicated by orchitis.

Amongst the 7 assorted cases of staphylococcal infection were post-operative enteritis, post-operative wound infections, septic skin lesions (baby) and 2 local absecsses. All recovered.

Only 6 cases of Salmonellosis were admitted, many fewer than in recent years. All recovered.

Only 5 mild cases of scarlet fever were admitted, one being of the surgical type.

There were 4 cases of paralytic poliomyelitis, none of whom had been adequately vaccinated. One man was left with considerable paralysis of the legs, one women with paralysis of the shoulders, a child had slight residual paralysis of one foot, and the other case recovered completely.

There were only 2 cases of enteric fever. One child recovered from a classical paratyphoid fever, but the other case also suffered from cancer of the bladder with uraemia and died.

There were a total of 9 deaths during the year. Two infants, one dying from gastro-enteritis and the other from bronchopneumonia and gastro-enteritis, were the only deaths really due to infectious disease. Three deaths were primarily due to cancer, two to coronary thrombosis, and two to senility. These seven people were all over 70 years and three were over 80 years of age.

**Summary of Admissions to the Infectious Diseases Wards at the Slade Hospital during 1961**

| | *Admissions* | *Deaths* |
|---|---|---|
| Measles | 47 | — |
| Gastro-enteritis of Adults and Children | 44 | 2 |
| Pneumonia | 42 | — |
| Gastro-enteritis of Infancy | 34 | 2 |
| Dysentery | 26 | — |
| Tonsillitis | 22 | — |
| Glandular Fever | 19 | — |
| Infective Hepatitis | 19 | — |
| Winter Vomiting Disease | 17 | — |
| Chickenpox | 15 | — |
| Upper Respiratory Infection | 15 | — |
| Influenza | 12 | — |
| Rubella | 9 | — |
| Whooping Cough | 8 | — |
| Herpes Zoster | 7 | — |
| Mumps | 7 | — |
| Staphylococcal Infections | 7 | — |
| Virus Meningitis | 6 | — |
| Salmonellosis | 6 | — |
| Urinary Infections | 6 | — |
| Scarlet Fever | 5 | — |
| Drug Eruptions | 5 | — |

There were 4 cases of:—

Poliomyelitis and erysipelas.

There were 3 cases of:—

Collagen disease, rheumatic fever, and P.U.O.

There were 2 cases of:—

Meningococcal meningitis, Henoch schonlein purpura, infantile eczema, acute sinusitis, tapeworm, appendicitis, roseola infantum, carcinomatosis, paratyphoid fever (one died), and puerperal pyrexia.

There were single cases of:—

Subacute bacterial endocarditis, neurosyphilis, cellulitis, epidemic vertigo, acute leukaemia, acute polyneuritis, diabetes, gonococcal arthritis, subarachnoid haemorrhage, erythema multiforme, hiatus hernia, leprosy, intussusception, primary tuberculosis, inguinal adenitis, suppurative parotitis, Weil's disease, herpes simplex, amoebic hepatitis, cranial arteritis, Stevens Johnson syndrome, metastatic vaccinia, ulcerative colitis, pulmonary embolus, Crohn's disease, megaloblastic anaemia of pregnancy, haemolytic anaemia, anaemia, and cancer of colon.

There were 31 (4 died) non-infectious cases, and 9 healthy lodgers.'

## (c) TUBERCULOSIS

The staff engaged in carrying out the duties of the Local Health Authority with regard to Tuberculosis under Section 28 of the National Health Service Act, 1946, are as follows:—

| | *Proportion of whole-time* |
|---|---|
| Dr. F. Ridehalgh, Consultant Chest Physician to the United Oxford Hospitals .. .. .. .. | 3/11ths |
| Mrs. D. Hicks, Almoner, Chest Clinic .. .. .. | 3/11ths |
| Mrs. I. Eagle and Miss G. M. Lawrence, Tuberculosis Health Visitors .. .. .. .. .. | Whole-time |
| 1 Clerk.. .. .. .. .. .. .. .. | 3/11ths |

**Mass Radiography**

A detailed analysis of the mass miniature radiography survey carried out in June and July, 1960, is yet to be received but the following figures are available:—

| | |
|---|---|
| Corrected total of persons examined .. .. .. | 33,267 |
| (male .. | 24,644) |
| (female .. | 8,623) |
| Number of cases of active pulmonary tuberculosis .. | 37 (i.e. rate of 1.1 per 1,000) |
| Number of cases of carcinoma of the lung .. .. | 13 primary<br>1 secondary |

## Table A

### New Cases and Mortality during 1961

| Age Periods | New Cases | | | | Deaths | | | |
|---|---|---|---|---|---|---|---|---|
| | Pulmonary | | Non-Pulmonary | | Pulmonary | | Non-Pulmonary | |
| | Male | Female | Male | Female | Male | Female | Male | Female |
| 0— ... | — | — | — | — | — | — | — | — |
| 1— ... | 2 | — | — | — | — | — | — | — |
| 2—4 ... | 1 | 3 | — | — | — | — | — | — |
| 5—9 ... | — | 1 | — | — | — | — | — | — |
| 10—14 ... | 2 | — | — | — | — | — | — | — |
| 15—19 ... | 4 | — | — | — | — | — | — | — |
| 20—24 ... | 5 | 2 | 2 | — | — | — | — | — |
| 25—34 ... | 4 | 4 | 2 | — | — | — | — | — |
| 35—44 ... | 3 | 1 | — | 1 | — | — | — | — |
| 45—54 ... | 2 | — | — | — | 1 | — | — | — |
| 55—64 ... | 7 | 4 | — | — | 1 | 1 | — | — |
| 65 and over ... | 6 | 2 | 1 | 1 | 2 | — | — | — |
| Totals ... | 36 | 17 | 5 | 2 | 4 | 1 | — | — |

## Table B

### Progress of Notification

| Year | Pulmonary | Non-Pulmonary | Total |
|---|---|---|---|
| 1941 | 113 | 42 | 155 |
| 1942 | 126 | 58 | 184 |
| 1943 | 103 | 46 | 149 |
| 1944 | 129 | 29 | 158 |
| 1945 | 120 | 34 | 154 |
| 1946 | 140 | 32 | 172 |
| 1947 | 144 | 27 | 171 |
| 1948 | 148 | 25 | 173 |
| 1949 | 180 | 18 | 198 |
| 1950 | 113 | 11 | 124 |
| 1951 | 85 | 4 | 89 |
| 1952 | 74 | 10 | 84 |
| 1953 | 101 | 18 | 119 |
| 1954 | 116 | 15 | 131 |
| 1955 | 110 | 22 | 132 |
| 1956 | 94 | 11 | 105 |
| 1957 | 84 | 8 | 92 |
| 1958 | 63 | 7 | 70 |
| 1959 | 66 | 11 | 77 |
| 1960 | 75 | 10 | 85 |
| 1961 | 53 | 7 | 60 |

Dr. F. RIDEHALGH reports as follows:

**Morbidity**

The upward trend of the previous two years in tuberculosis notifications was reversed in 1961. Analysis of the weekly returns of notifications for 1961 shows a total of 60 new cases, of which 53 were respiratory as against 85 and 77 respectively in 1960 and 1959. It should be noted that the Mass Radiography Unit did not visit Oxford in 1961.

Of the 53 respiratory cases 30 occurred in men with a preponderance of middle age or elderly, 13 in women and 10 in children. Two of the cases in children occurred in teenage schoolboys. They were found as a result of an intensive survey of a school after the discovery of an open case in a senior boy. This survey revealed 5 active cases in the same school all but one of which were in boys. This is an Independent school which, as a result of this experience, now requires pre-entry tuberculin testing and B.C.G. vaccination of new boys.

The other children included in new notifications had either minor primary lesions or a strongly positive tuberculin test following known exposure to infection. This morbidity in children, which at first sight looks high, is in fact an indication of a new attitude towards childhood infection and not of a true rise in incidence. If it is considered that the evidence of heavy infection in a child, even in the absence of a demonstrable lesion, is strong enough to warrant prophylactic treatment with anti-tuberculous drugs, then the case fulfils the accepted criteria for formal notification.

Of the respiratory notifications, 2 men and 1 woman were notified on death returns only. This figure need cause no undue anxiety. Two cases in this category had significant and active disease and one of these was a terminal reactivation of old tuberculosis in a chronic bronchitic already under observation.

**Non Respiratory Tuberculosis**

The non respiratory cases included 2 renal (both male), 1 male and 1 female urogenital, 3 cervical glands, 1 tuberculous wrist and 1 tuberculous ileitis. Two of them had been notified previously as respiratory cases.

**Deaths**

There were 18 deaths of patients on the tuberculosis register including those notified on death returns. One death has already been described, 4 others were due to cardio respiratory failure, one in a man with advanced pneumoconiosis and inactive tuberculosis and 3 in respiratory cripples with arrested tuberculosis. The remaining cases died from causes unrelated to their tuberculosis.

**Immigrants**

14 of the 53 new respiratory cases occurred in immigrants; 4 were from the Republic of Ireland (one a nurse), 3 from Spain and one each from India, Pakistan, West Indies, China, Italy, Tanganyika and Latvia.

Two cases have relapsed during the later stages of long term chemotherapy. Both were women. One was Indian and the other West Indian. The Indian case certainly, and the West Indian probably, had received inadequate chemotherapy in their own country. Both showed significant bacterial resistance to Isoniazid. Whilst it would be wrong to draw sweeping conclusions from two cases, the possibility of the importation of cases excreting resistant organisms must be kept in mind. Isoniazid is cheap, is practically non-toxic and is widely used in many undeveloped countries. Where it is in use officially it may well be peddled unofficially. There have been many studies illustrating the danger of importing tuberculosis from Commonwealth countries and particularly from Asian countries but there is so far no sign of any effort to control this.

**Prevention and Vaccination**

Contact work has been pursued during the year as thoroughly as possible and every effort is made to extend it to all known contacts at work and at play, as well as in the household directly affected. The possibility that apparently arrested cases found by mass radiography may have been infectious at some time makes it necessary in many of these cases to institute a contact survey. B.C.G. vaccination was given to 252 contacts of known cases. The weekly socio-medical conference continues to be of the greatest value. Its importance is not merely in the direct and obvious use of preventive measures and financial help but in the way it focuses the attention of the whole chest clinic team on the tuberculosis family as a unit within the community and co-ordinates their clinical, environmental and psychological problems throughout the period of their attendance.

Once again I wish to record my thanks not only to every member of the team of workers within the clinic but also to the loyal members of our Tuberculosis Care Committee.

Mrs. D. Hicks, Almoner, reports:

The work of the Almoner in the chest clinic, while still predominantly among cases of tuberculosis, now includes a higher proportion of referrals of patients with lung cancer, bronchitis and other chest diseases than used to be the case; a trend which can be expected from the incidence of these diseases. With cases of cancer we are able to enlist financial help from the National Society for Cancer Relief in London, whose generous support can be steadily relied upon. For those patients who suffer from the chronic and depressing illness of bronchitis it is much more difficult to

enlist aid, unless they have claims on service charities or are helped through previous employers. As these patients grow older and become increasingly crippled by respiratory difficulties they and their wives need all the support, both materially and on the more intangible level, that we can give them.

Among new cases of tuberculosis admitted to hospital the majority are seen and helped by this department, but the length of contact and the amount of material help needed is much less than even a few years ago. Admission to hospital for about six weeks and possibly return to the previous job only a further month beyond that means to most households temporary rearrangement of finances and delay of major expenditure, rather than a breakdown in family budgetting. After a brief period of aid a return to independence usually follows. The number of new cases aided through the Care Committee is still a small proportion of the total helped, the greater proportion are long term cases. This does not depreciate the work of our Care Committee, which is a life line to those who have been incapacitated for long periods, and to whom the winter help with fuel, or the summer chance of a holiday away from the narrow confines of home under straitened circumstances means so much more than the amount of money involved.

Inevitably some new cases have social problems of great complexity, but these are usually large families who normally are only just able to function adequately and where the social problems predate and help to cause the illness, rather than date from it. By a team approach with both medical and social measures it is sometimes possible to decrease long standing stresses, to sort out immediate difficulties, and to adjust environmental pressures, so that after the patients recovery the family are better able to stand up to the wear and tear of ordinary life than before.

Few patients fail to return to work, usually the previous job or one involving the same skills, those who remain unplaced are either on the border line of being physically unable to cope, or have personality difficulties of long standing.

Patients with pulmonary tuberculosis still receive the higher scale allowance where applicable from the National Assistance Board, and we value the co-operation of the officers from this department in meeting special needs for those cases where incapacity is still lengthy or chronic.

The free milk financed by the Health Department as extra nourishment is much valued by patients ill for a long period. Only nine new cases have been added to the list this year, the balance of twenty-nine are chronic patients known to the clinic for many years.

The Care Committee has given invaluable and sympathetic aid to many cases, and both statutory authorities and voluntary societies have given ready response to our requests.

## (d) VENEREAL DISEASES

In connection with Section 28 of the National Health Service Act, 1946, relating to the prevention of illness and after-care, the City Council accepts responsibility for 2/11ths of the salary of a hospital almoner who spends about a quarter of her time on venereal diseases work.

The following table summarises the work of the clinic held at the Radcliffe Infirmary for 1961 and compares this year with the three previous years. It should be noted that the figures given in this table includes patients from the wide area around Oxford served by the Radcliffe treatment centre:—

| New Patients suffering from: | 1961 | | 1960 | | 1959 | | 1958 | |
|---|---|---|---|---|---|---|---|---|
| | Male | Female | Male | Female | Male | Female | Male | Female |
| Syphilis, primary .. | 1 | — | — | — | 7 | 1 | 3 | — |
| Syphilis, secondary | — | — | 3 | — | — | 1 | — | — |
| Syphilis, cardio-vascular .. .. | — | — | 1 | — | 1 | — | 2 | 3 |
| Syphilis of the nervous system .. .. | 1 | — | 1 | — | 4 | — | 3 | — |
| Syphilis, latent .. | 2 | 4 | 4 | 5 | 7 | 1 | 7 | 7 |
| Syphilis, congenital.. | — | — | — | — | — | 1 | 2 | 1 |
| Total .. .. | 4 | 4 | 9 | 5 | 19 | 4 | 17 | 11 |
| Gonorrhoea .. | 136 | 28 | 109 | 24 | 117 | 31 | 109 | 10 |
| Other Conditions .. | 213 | 84 | 218 | 79 | 208 | 84 | 157 | 70 |
| Undiagnosed | 9 | 9 | 7 | 8 | 6 | 4 | 5 | 6 |
| Total new patients | 362 | 125 | 343 | 116 | 350 | 123 | 288 | 97 |
| Total attendances .. | 1246 | 506 | 1225 | 528 | 1255 | 594 | 1102 | 504 |

Dr. P. Mallam reports:

"The proportion of foreigners (17.5%), and particularly of dark men, attending the male Clinic continues to be high. In the case of acute gonorrhoea in males no less than 36.75% were coloured. There have been some 4 or 5 patients (all non-European) who appeared to have a gonococcal discharge that was resistant to Penicillin, but closer investigation failed definitely to confirm this suspicion and it is more likely that they were in the nature of fresh infections. One patient in particular, who denied re-exposure, cleared up quite quickly on admission to hospital and routine Penicillin treatment for G.C. infection. In doubtful cases we propose in future to try the effect of oral spiramycin given in one dose of 2.5 G stat.

Cases still occur where the patient has been seen by a medical practitioner before attending hospital and has been given Penicillin treatment without any slides being taken. This, of course, makes it impossible to make a firm diagnosis, though if slides are taken it is very sound therapy to give the suspect patient an injection of Penicillin forthwith."

Miss A. Jackson reports:

"The total number of new patients has risen to 488 in 1961 compared

with 459 in 1960. The total number of attendances was 1,752 in 1961 compared with 1,753 in 1960.

There was one case of primary syphilis in 1961 compared with none in 1960. There was one case of syphilis of the nervous system and 6 cases of syphilis in latent stages in 1961 compared with 3 cases of secondary syphilis, 1 case of cardio-vascular, 1 case of the nervous system and 9 cases in latent stages in 1960.

The total number of patients requiring treatment for gonorrhoea rose to 164 in 1961 from 133 in 1960. The figures for male patients rose to 136 in 1961 from 109 in 1960. The numbers for the female patients rose to 28 compared with 24 in 1960. This figure included patients who returned with a reinfection.

The total of patients being treated for other conditions rose to 315 in 1961 from 312 in 1960. The figure for male patients fell to 222 in 1961 from 225 in 1960. The figure for women patients rose to 93 in 1961 from 87 in 1960. This figure included patients who returned with a re-infection.

## Special Clinic patients attending the Clinic during 1961

### Males

| City | County | Berks | Other |
|---|---|---|---|
| 222 | 75 | 55 | 11 |

### Total Age Groups

| 15—20 | 21—25 | 26—30 | 31—35 | 36—40 | 41—45 | 46—50 | 50—60 | over 60 |
|---|---|---|---|---|---|---|---|---|
| 40 | 136 | 63 | 41 | 32 | 25 | 17 | 6 | 3 |

### Civil Status of above Group of Patients

| Married | Single | Separated | Divorced | Widowed |
|---|---|---|---|---|
| 228 | 125 | 9 | — | 1 |

### Females

| City | County | Berks | Other |
|---|---|---|---|
| 63 | 42 | 15 | 5 |

### Total Age Groups

| 15—20 | 21—25 | 26—30 | 31—35 | 36—40 | 41—45 | 46—50 | 50—60 | over 60 |
|---|---|---|---|---|---|---|---|---|
| 53 | 38 | 14 | 11 | 2 | 2 | 4 | — | 1 |

### Civil Status of above Group of Patients

| Married | Single | Separated | Divorced | Widowed |
|---|---|---|---|---|
| 44 | 74 | 4 | — | 3 |

It will be seen from the total number of attendances at the clinic that the incidence of venereal disease being treated shows no significant change from last year, although there has been a rise in the number of male patients requiring treatment for gonorrhoea, without a corresponding rise in the female figures. Some of the factors contributing to this discrepancy between the rise in the number of male patients attending with gonorrhoea compared with that of the females will be discussed later. The opinion of previous reports has been confirmed in that, despite some variations in the number of attendances the incidence of venereal disease in this area can be said to reflect a pattern of stability in the structure of the community.

Social, economic and cultural changes within a society are often reflected in the pattern and number of attendances at a venereal disease clinic, and in thinking about the figures for this year it is interesting to consider some of the present social trends which have contributed to the attendance of patients seen at the clinic.

Oxford attracts a number of people from other countries. Some of these people are only here for a short time while others are trying to assimilate themselves into the community. Many patients attending the clinic are often drawn from this transient population. As mentioned in the Almoner's Report for 1960, the number of coloured people attending the clinic has shown a tendency to increase. This year at least 17% of the male patients attending the clinic were coloured. This is an indication of one of the expected problems which may arise when one culture is being assimilated into another, and it is also an indication of the reaction which this may have on any existing unstable elements in the community.

As mentioned earlier there has not been a rise in the number of female patients attending the clinic with gonorrhoea compared with the increase in the number of male patients. One contributory factor has been that as a result of the coloured element a different type of girl is being given as a contact. These contacts seem to be drawn from among the elder age groups and are often those with a low I.Q. They tend to lead casual and promiscuous lives but could not be described as prostitutes. These are not necessarily girls who have previously attended the clinic or who have been known to the Almoner in the past. The coloured male patients are frequently unable to give any accurate information which would lead to the tracing of their contacts, and because these are such casual encounters it is difficult to bring them to the clinic for the necessary treatment. As mentioned, however, all contact tracing continues in the usual way and the male patients are encouraged to give any information which may lead to the tracing of their contact. The Almoner then considers this information in the light of those people who have attended the clinic in the past and may need to come up again, but, as mentioned earlier there has now arisen a different type of promiscuous offender and it is difficult to get accurate information about them. When appropriate the Almoner continues to discuss any information which she has with the Health Visitor

and the Women Police. If there is sufficient information for the Almoner to get in touch direct with the contact, there is little difficulty in bringing them to the clinic. Some of the known prostitutes continue to attend and there is little change in their pattern of behaviour, various personal and social crises arising throughout the year parallel to or outside their clinic attendances. The female patients attending the clinic continue to show a cross section of the community, ranging from the known promiscuous to the frightened and anxious. All new female patients are seen by the Almoner and help is given for as long as is necessary relating to their personal and social problems. Many of these problems are complicated and long standing and the patients need help over a long period of time if they are to gain the maximum amount of benefit. It remains important for patients attending the clinic to feel that they can trust the help which is being offered to them. This applies to the contribution given by all members of the clinic. As is usual a number of female patients returned to the clinic for both medical and social reassurance and for further help with their problems. The Almoner sees a number of patients who are single and pregnant and they are given help in making their future plans. As mentioned in previous reports, anxiety, which often accompanies a first attendance at a venereal disease clinic, can be a positive thing in that problems are often brought to light for the first time, and by seeing the Almoner both at the clinic times and by appointment these patients have the opportunity of talking things over and problems can be resolved or mitigated.

As will be seen the general pattern of the clinic remains the same, but as usual a number of specific problems are high-lighted during the year. The Almoner sees these as mostly personal and social problems relating to particular patients, but in relation to the medical attendances at the clinic the outstanding thing has been the changes brought about in the pattern of desired female attendances.

The attitude of the clinic remains the same in that all staff contribute in encouraging attendances and offering a setting in which patients can make the most constructive use of their need for treatment."

## Table showing the incidence of new cases of Venereal Disease in City Residents from 1942—1961

| | Males | | Females | |
|---|---|---|---|---|
| | Syphilis | Gonorrhoea | Syphilis | Gonorrhoea |
| 1942 | 23 | 34 | 26 | 22 |
| 1943 | 22 | 24 | 28 | 34 |
| 1944 | 11 | 28 | 15 | 30 |
| 1945 | 11 | 24 | 12 | 17 |
| 1946 | 23 | 57 | 19 | 15 |
| 1947 | 14 | 26 | 25 | 10 |
| 1948 | 7 | 36 | 12 | 7 |
| 1949 | 8 | 17 | 9 | 2 |
| 1950 | 14 | 9 | 9 | 6 |
| 1951 | 8 | 10 | 6 | 3 |
| 1952 | 7 | 25 | 5 | 8 |
| 1953 | 8 | 16 | 3 | 13 |
| 1954 | 6 | 21 | 7 | 13 |
| 1955 | 6 | 27 | 4 | 25 |
| 1956 | 6 | 32 | 8 | 17 |
| 1957 | 7 | 38 | 2 | 12 |
| 1958 | 7 | 62 | 7 | 6 |
| 1959 | 5 | 70 | 1 | 16 |
| 1960 | 4 | 77 | 3 | 14 |
| 1961 | 1 | 104 | 2 | 20 |

# VENEREAL DISEASE IN OXFORD

*A review of the incidence over the last 25 years by H. H. John, M.A., M.B., B.Chir., D.P.H., D.C.H., D.Obst., R.C.O.G.*

## Introduction

The increased incidence of venereal disease in recent years has aroused much concern, and has stimulated this review of the incidence in the City of Oxford over the last quarter of a century. It was thought profitable to compare the trends in Oxford with those prevailing generally in England and Wales. The total number of new Syphilitic and Gonorrheal infections diagnosed in male and female Oxford residents attending the local V.D. Clinic are quoted for the years 1936—1961 in Table I. The national figures for new patients in these categories attending special clinics in the years 1936—1960 are given in Table II. The variations over the years in both instances are shown graphically in Figures I—IV so that the trends in each may be readily appreciated and compared.

## Incidence

The incidence of new male cases of Gonorrhoea fell in the early years of the 2nd World War, both in Oxford and in England and Wales generally. This was followed in 1946 by a rise in the local and national figures, the latter reaching the highest level attained in the last 25 years. There was then a marked decline to a relatively low level in Oxford in 1950, and in England and Wales in 1951. The Oxford figures subsequently showed a gradual rise, the tempo quickening in 1958, when there was an increase of 63.2% on the figure for the preceding year. The increase has persisted, with a rise of 12.9% in 1959, 10.0% in 1960, and a further steep rise of 35.1% in 1961, to the highest level in the period under review. There was little change in the comparable figures for England and Wales from 1951—1955. However, an appreciable rise was manifest in 1956. The annual increase in incidence has been maintained, with a rise of 14.2% in 1958, 11.5% in 1959, and 6.6% in 1960. Comparison of the figures shows that the increase in new male cases of Gonorrhoea in Oxford has been steeper than that generally prevailing, although the overall trends are similar.

The incidence of new Gonorrhoeal infections in female Oxford residents again follows fairly closely the general pattern. The relatively low incidence in the early years of the war is followed by a steady rise to a peak figure in Oxford in 1943, and in England and Wales in 1945. Thereafter the incidence fell to a low level in 1949. An abrupt rise in Oxford in 1955 was not reflected in the figures for the whole country. The national figures show a sustained increase from 1954—1960, the rise being more marked from 1957 on. Study of Tables I—II reveals the much higher incidence of new cases of Gonorrhoea in males than in females.

The increase in Gonorrhoea in both men and women has been associ-

FIGURE I

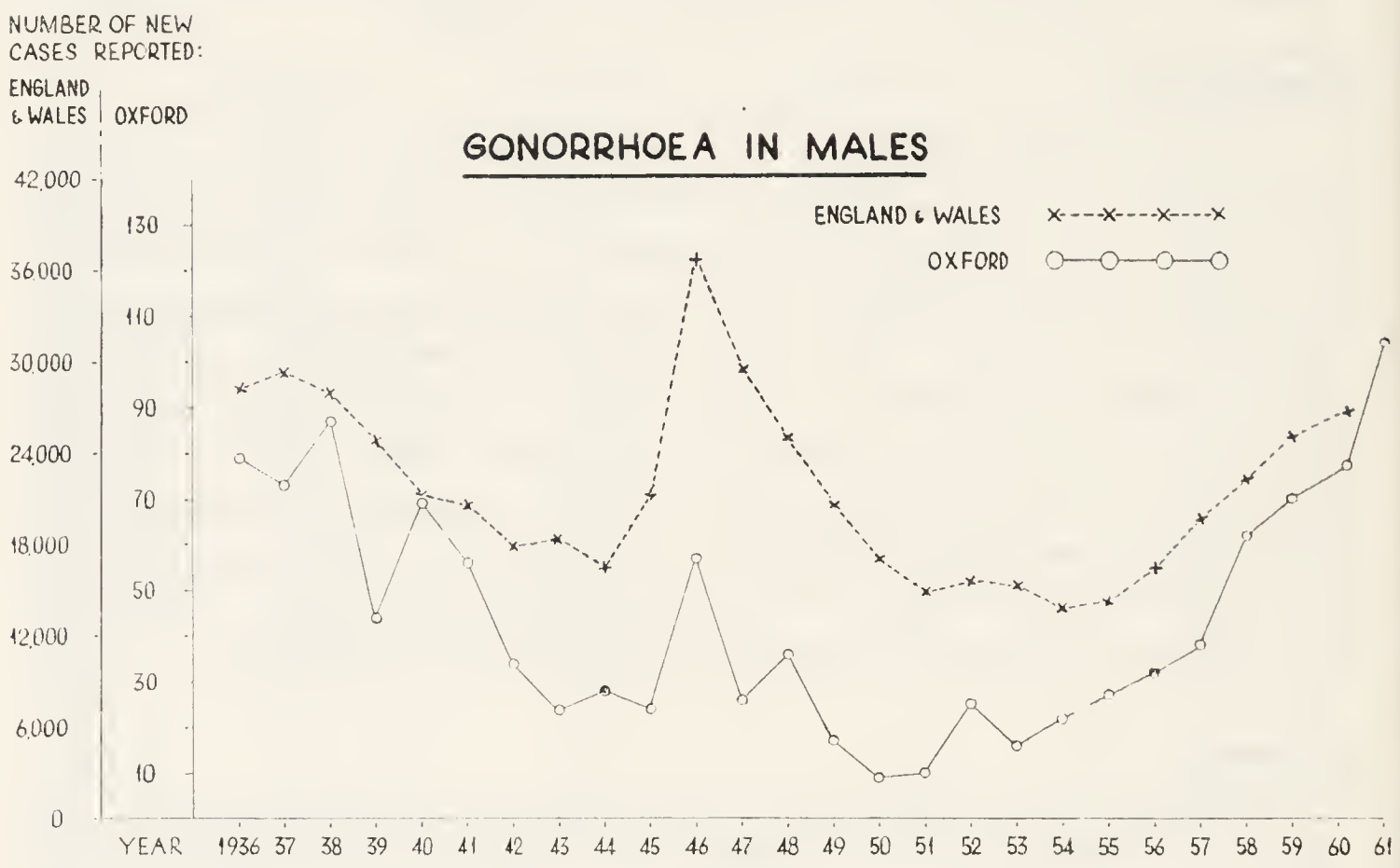



FIGURE II

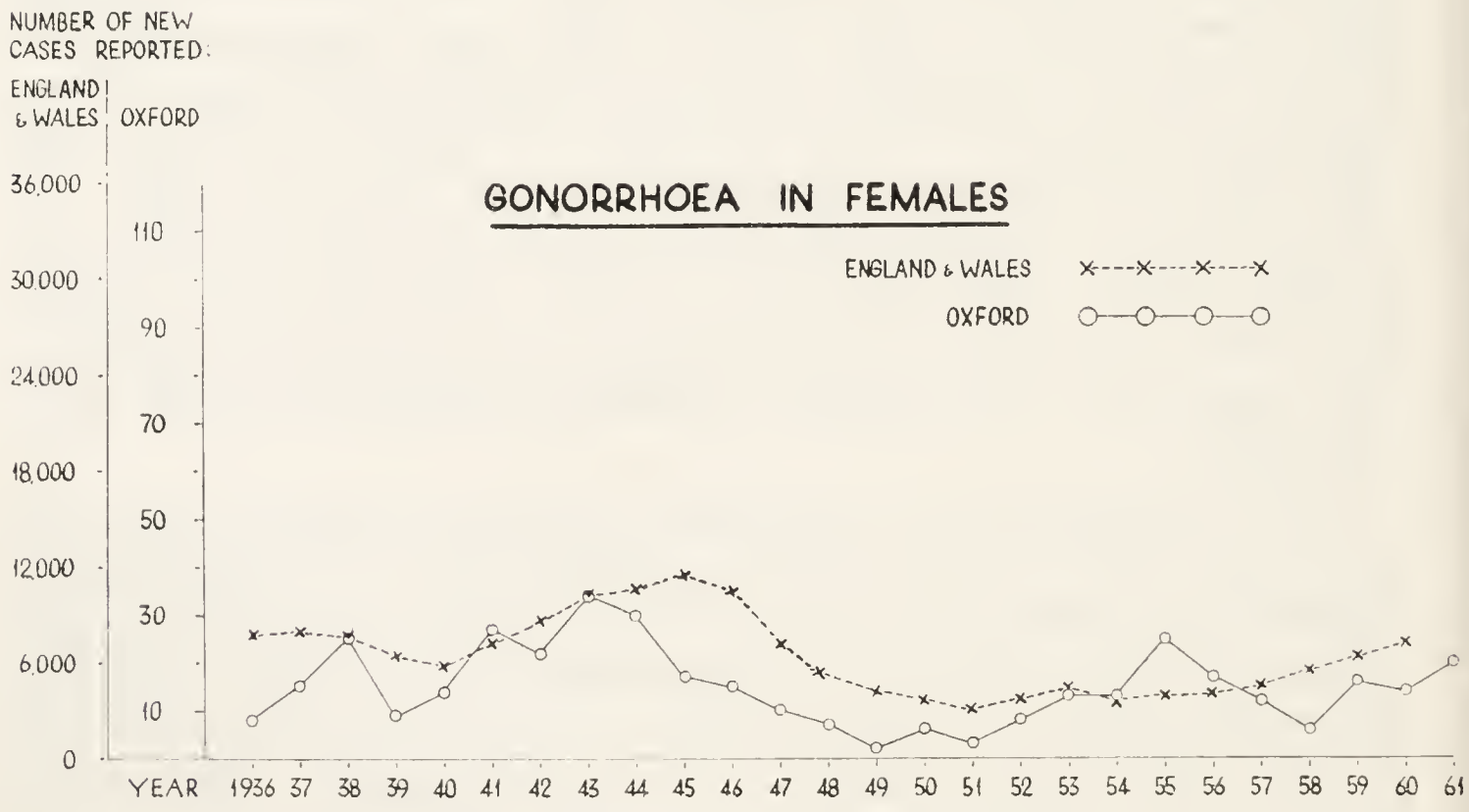


FIGURE III

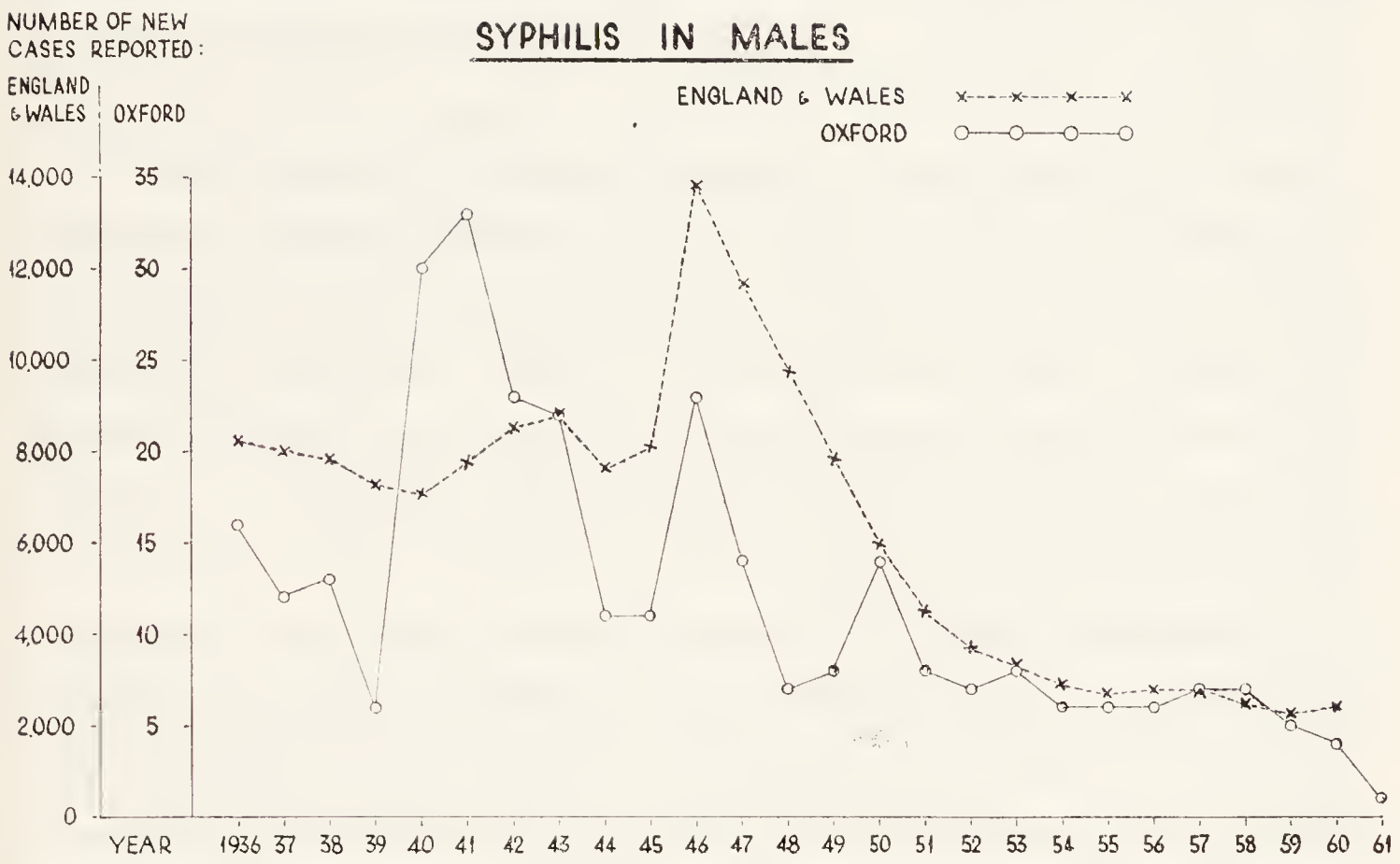
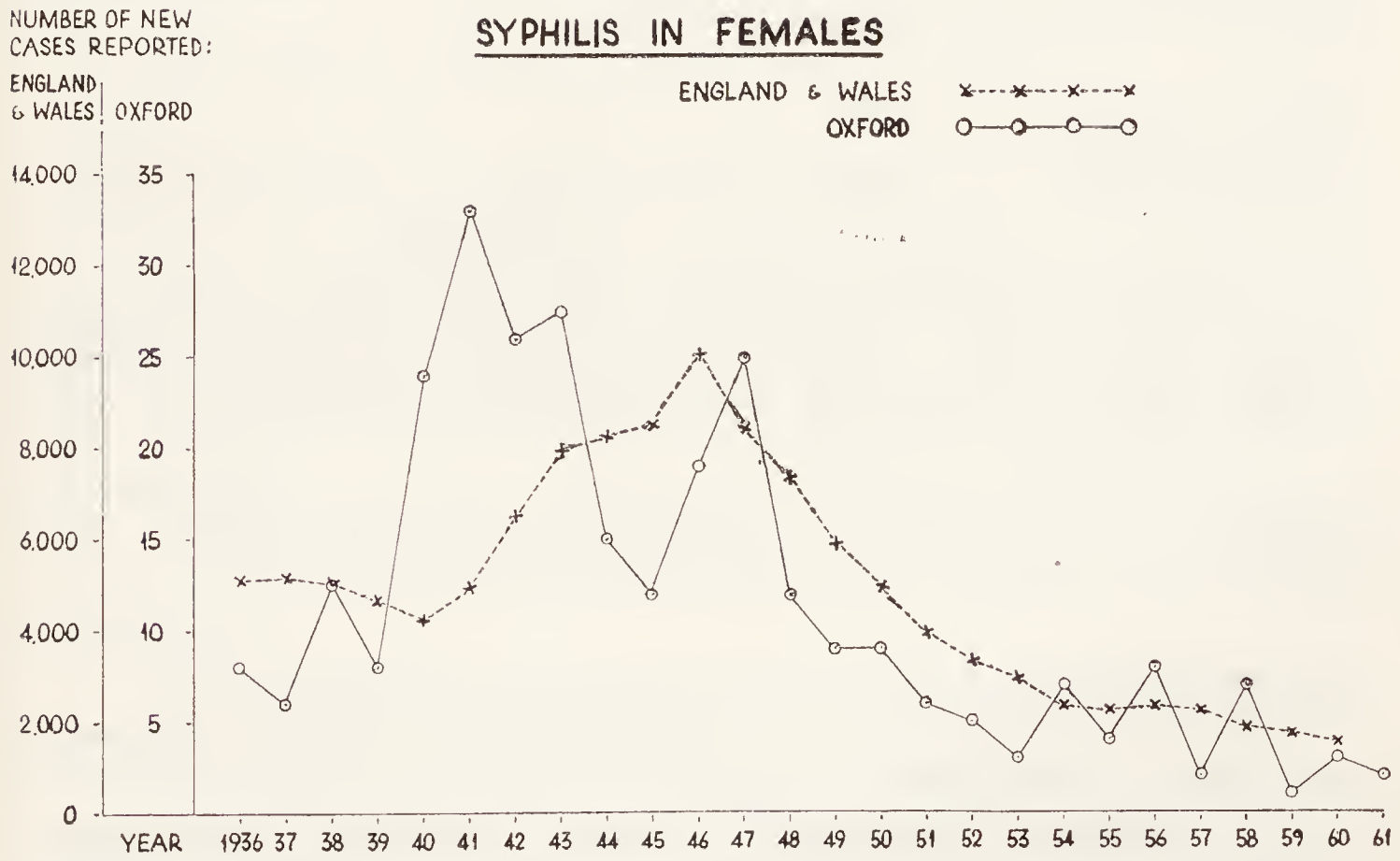



FIGURE IV



ated with an increase in non-specific urethritis in men, and non-specific infections, such as vaginitis and cervicitis in women. Detailed figures will not be presented, but the size of the problem may be gauged by quoting the figures for 1960/61. In 1960, attendances at treatment centres in England and Wales included 22,004 new cases of non-specific urethritis in males, as compared with 26,618 new cases of Gonorrhoea, and, in females, 15,199 new cases of non-specific infections, compared with 7,152 new cases of Gonorrhoea. There were 117 male City residents treated for conditions other than Syphilis and Gonorrhoea at the Oxford clinic in 1961, as compared with 104 males with Gonorrhoea, and 41 females in the first category, compared with 20 in the second. It should be added that no case of Chancroid, Lymphogranuloma venereum, Granuloma inguinale or Yaws, attended the Oxford Clinic in 1961. As might be expected, these last conditions are found mainly in seaports and do not present a major problem in this country.

The graphs reveal a striking reduction in the number of new cases of Syphilis diagnosed in recent years. New Syphilitic infections in men and women resident in Oxford reached a peak incidence in 1941, with a further sharp rise in male cases in 1946, and in female cases in 1946-54. The Tables giving the national figures reveal a peak incidence of new cases of Syphilis in both males and females in 1946. Subsequently, the national incidence declined. The fall was rapid at first, but slowed after 1954, and showed a transient reversal in 1956. The latest available figures show a moderate increase in the number of male cases in 1960. The decline in the number of new Syphilitic infections presenting in male and female Oxford residents follows the national trend fairly closely, but with rather erratic swings in the female incidence since 1954.

**Groups involved**

The incidence of venereal disease is highest in the 21—30 year age group in males, and the 15—20 year group in females.

Coloured immigrants have made a large contribution to the current rise in these conditions. They were in fact responsible in 1961 for 36.75% of fresh Gonorrhoeal infections in men attending the Oxford clinic from the City and adjacent areas.

Members of the Allied Forces also play a part in the spread of infection.

**Cauastive factors**

The rise in incidence is attributable largely to the fall in the general standard of public morals.

Ignorance and misconceptions are also important. A negligent attitude towards early and adequate treatment has unfortunately stemmed from the knowledge that these disorders can be readily cured with the aid of modern drugs. The increasing degree of drug resistance makes attend-

ance for a full course of treatment and follow-up even more imperative at this time than hitherto.

The susceptibility to venereal disease of the lonely coloured immigrant is readily appreciated.

**Current measures in Oxford**

The present relatively high incidence of venereal disease in Oxford has led to the institution of energetic counter-measures. The basic importance of modifying the attitude of adolescents to sex and marriage is appreciated, and increasing attention is given to sex education in the schools. The teachers achieve a great deal in this sphere, and the School Medical Officers also play their part. The latter offer guidance to the parents in the course of meetings of the Parent-Teacher Associations, encouraging them to undertake this duty themselves. Combined talks by the School Medical Officer and the local parish priest have been of particular value, and help to emphasise the importance of instructing children in the positive value of high moral standards. It is also hoped that the Education Committee will appoint a specialist in the field of health (including sex) education in the near future.

Pamphlets about venereal disease are distributed, with special reference to the groups at risk. One such pamphlet has been translated into Urdu, and this should prove valuable.

Youth organisations and "Racial Unity", which caters for the coloured group in Oxford, are helpful in providing social activities. The staff of the latter organisation have also been most co-operative in helping to distribute pamphlets for the Health Department. It is unfortunate that so far "Racial Unity" has been unable to find a permanent headquarters with club facilities for its members, but has to rely rather on borrowed premises for its weekly meetings. It is hoped that the need for such a meeting place will be more generally recognised, and that the necessary support will be forthcoming.

There is close co-operation between the Almoner of the V.D. Clinic and the City Health Visitors, one of their number serving as a liaison officer. This close collaboration is of value in contact tracing, and may be a means of subsequently supporting girls who have found their way to the Clinic.

Routine blood tests are undertaken at antenatal clinics, and should not be relaxed if the current low incidence of Congenital Syphilis is to be maintained.

Young delinquents taken into care are medically examined before admission to a local authority hostel.

The situation and times of the local V.D. Clinics for men and women are well publicized, with notices in all the public conveniences.

Finally, the City is fortunate in having a most efficient clinic for the investigation and treatment of venereal disease. This is based at the Radcliffe Infirmary and is under the medical control of Dr. P. Mallam.

The scope and value of the work done at this clinic may be readily appreciated by study of the relevant sections of previous copies of the Annual Report of the Medical Officer of Health, Oxford.

**Conclusion**

The rising incidence of venereal disease amongst Oxford residents is disturbing. Measures have been introduced to combat this rise, and, if necessary, efforts will be intensified until control is achieved and the present trend reversed.

| | City of Oxford—New Cases | | | | England and Wales—New Cases | | | |
|---|---|---|---|---|---|---|---|---|
| | Males | | Females | | Males | | Females | |
| Year | Syphilis | Gonorrhoea | Syphilis | Gonorrhoea | Syphilis | Gonorrhoea | Syphilis | Gonorrhoea |
| 1936 | 16 | 79 | 8 | 8 | 8,224 | 28,137 | 5,128 | 7,715 |
| 1937 | 12 | 73 | 6 | 15 | 8,069 | 29,250 | 5,165 | 7,787 |
| 1938 | 13 | 87 | 15 | 25 | 7,832 | 27,947 | 4,986 | 7,746 |
| 1939 | 6 | 44 | 8 | 9 | 7,273 | 24,811 | 4,605 | 6,489 |
| 1940 | 30 | 69 | 24 | 14 | 7,093 | 21,057 | 4,226 | 5,882 |
| 1941 | 33 | 56 | 33 | 27 | 7,790 | 20,572 | 4,972 | 7,314 |
| 1942 | 23 | 34 | 26 | 22 | 8,529 | 17,956 | 6,542 | 8,413 |
| 1943 | 22 | 24 | 28 | 34 | 8,790 | 18,215 | 7,960 | 10,043 |
| 1944 | 11 | 28 | 15 | 30 | 7,667 | 16,629 | 8,251 | 10,646 |
| 1945 | 11 | 24 | 12 | 17 | 8,134 | 21,280 | 8,508 | 11,603 |
| 1946 | 23 | 57 | 19 | 15 | 13,803 | 36,912 | 10,075 | 10,431 |
| 1947 | 14 | 26 | 25 | 10 | 11,699 | 29,647 | 8,438 | 7,019 |
| 1948 | 7 | 36 | 12 | 7 | 9,780 | 25,006 | 7,349 | 5,306 |
| 1949 | 8 | 17 | 9 | 2 | 7,826 | 20,366 | 5,873 | 4,121 |
| 1950 | 14 | 9 | 9 | 6 | 5,979 | 17,007 | 4,988 | 3,497 |
| 1951 | 8 | 10 | 6 | 3 | 4,506 | 14,975 | 3,926 | 3,089 |
| 1952 | 7 | 25 | 5 | 8 | 3,760 | 15,510 | 3,362 | 3,585 |
| 1953 | 8 | 16 | 3 | 13 | 3,272 | 15,242 | 2,914 | 4,021 |
| 1954 | 6 | 21 | 7 | 13 | 2,929 | 13,962 | 2,352 | 3,574 |
| 1955 | 6 | 27 | 4 | 25 | 2,711 | 14,079 | 2,272 | 3,766 |
| 1956 | 6 | 32 | 8 | 17 | 2,778 | 16,377 | 2,363 | 4,011 |
| 1957 | 7 | 38 | 2 | 12 | 2,747 | 19,620 | 2,230 | 4,761 |
| 1958 | 7 | 62 | 7 | 6 | 2,497 | 22,398 | 1,829 | 5,489 |
| 1959 | 5 | 70 | 1 | 16 | 2,252 | 24,964 | 1,675 | 6,380 |
| 1960 | 4 | 77 | 3 | 14 | 2,401 | 26,618 | 1,545 | 7,152 |
| 1961 | 1 | 104 | 2 | 20 | | | | |

*Table I*
Estimated Mid-year population on Oxford:—
1936— 90,140
1960—104,490

*Table II*
Estimated Mid-year population of England and Wales
1936—40,839,000
1960—45,755,000

## (e) VACCINATION AND IMMUNISATION

### 1. Vaccination against smallpox

Table showing successful vaccinations performed during the year:—

| Age at date of vaccination | Under 1 year | 1 year | 2–4 years | 5–14 years | 15 years and over | Total |
|---|---|---|---|---|---|---|
| Number vaccinated (primary) | 1080 | 45 | 31 | 19 | 139 | 1314 |
| Number re-vaccinated .. .. | — | 3 | 28 | 74 | 1022 | 1127 |

Of the vaccinations carried out during the year, 328 primary vaccinations and 910 re-vaccinations were performed by general practitioners participating in the Council's scheme under Section 26 of the National Health Service Act 1946.

Ten—twelve weeks is regarded as the best age for primary vaccination. This enables triple antigen to be started at 3—4 months.

During the year three attempts at vaccination were made on three children and two attempts on fourteen children without success.

**Proportion of babies vaccinated**

The number of Oxford babies vaccinated during 1961 while still under one year of age (1080) expressed as a percentage of live births registered in the last half of 1960 and the first half of 1961 (Oxford residents) was 66%.

Corresponding figures for the last ten years are as follows:—

| | |
|---|---|
| 1952 | 57% |
| 1953 | 58% |
| 1954 | 62% |
| 1955 | 62% |
| 1956 | 61% |
| 1957 | 66% |
| 1958 | 63% |
| 1959 | 68% |
| 1960 | 68% |
| 1961 | 66% |

This relatively high rate is largely the result of the ease with which mothers can have their babies vaccinated at any session of all child welfare clinics; 75% of all primary vaccinations were carried out in this way. Among those performed in the first year the proportion is still higher. The local acceptance rate of 66% is well above the national figure of 40%.

No serious reactions or complications occurred during the year.

### Trial of tissue culture smallpox vaccine

Oxford was one of the centres chosen by the Medical Research Council to take part in a trial of tissue culture smallpox vaccine. The trial commenced on November 1st, 1961, and ended on March 31st, 1962, during which time over 400 vaccinations with each of the tissue culture vaccine and calf lymph vaccine were carried out at child welfare clinics.

## 2. Immunisation against diphtheria and pertussis

The following table shows the number of primary immunisations completed and the number of re-inforcing injections given during 1961. This table differs from that of previous years in that numbers are given according to year of birth and not according to age at date of final injection.

| | Children born in years | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | 1961 | 1960 | 1959 | 1958 | 1957 | 1952-1956 | 1947-1951 | Total |
| A. Number of children who completed a full course of primary immunisation | | | | | | | | |
| (i) Triple antigen .. | 622 | 686 | 38 | 32 | 15 | 14 | — | 1407 |
| (ii) Combined diphtheria —tetanus prophylactic | 5 | 9 | 2 | 4 | 11 | 67 | 14 | 112 |
| Totals .. .. | 627 | 695 | 40 | 36 | 26 | 81 | 14 | 1519 |
| B. Number of children who were given a re-inforcing injection: | | | | | | | | |
| (i) Combined diphtheria —tetanus prophylactic | — | 1 | 14 | 94 | 158 | 517 | 24 | 808 |
| (ii) T.A.F. .. .. | — | — | — | 1 | 17 | 230 | 15 | 263 |
| Totals .. .. | — | 1 | 14 | 95 | 175 | 747 | 39 | 1071 |

### Comments

(1) General practitioners gave 293 of the 1519 primary courses (i.e. 22%) and 71 of the 1071 re-inforcing injections (i.e. 7%). All the other injections were given by the staff of the Health Department. This is an indication of the advantage taken by parents of the facility with which the former procedure is available at all child welfare clinic sessions and the latter in relation to routine school medical inspections.

(2) Children receiving a full course of immunisation against diphtheria numbered 1519 compared with 1572 in 1960. The decrease in the number of primary immunisations using diphtheria-tetanus (112 compared with 192 in 1960) is accounted for by the fact that in 1961 the course was extended to include three injections for school entrants instead of the former practice of giving two. Those receiving a full course of vaccination against pertussis numbered 1407 compared with 1380 in 1960.

(3) The exact proportion of babies immunised against diphtheria is difficult to estimate accurately. But there is a strong indication that the rate remains satisfactory. The health visitors have studied the records of children born in 1959 and still on their visiting list at the end of 1961. There were 1227 such children, of whom 1113 had been immunised. This gives a figure of 91%. Comparable figures for the last nine years are as follows:—

| | |
|---|---|
| 1952 | 76% |
| 1953 | 71% |
| 1954 | 75% |
| 1955 | 76% |
| 1956 | 77% |
| 1957 | 80% |
| 1958 | 82% |
| 1959 | 83% |
| 1960 | 88% |
| 1961 | 91% |

(4) Triple antigen was again used throughout the year for primary immunisations of babies, preferably beginning at 3—4 months. Reactions to triple antigen are usually absent or slight. A single dose of T.A.F. is given as a booster against diphtheria; alternatively diphtheria-tetanus toxoid is given as a booster to children who have had triple antigen in infancy.

(5) The exact proportion of babies protected against pertussis is not known but with the general use of triple antigen in the City, it must be about the same as the figure for diphtheria—i.e. approximately 91%.

(6) Estimations, based on notification figures, of the protection conferred by pertussis immunisation are notoriously unreliable. But if some 91% of babies are immunised, and if only notified cases are considered, the figures in the table below indicate a considerable degree of protection. During the past five years there have been 37 notified cases in the first year of life and in only two cases have the children been immunised. Cases notified in 1961 were as follows:—

| | Under 1 year | 1 year | 2 years | 3 years | 4 years | 5—9 years | over 10 | Total |
|---|---|---|---|---|---|---|---|---|
| Total notifications .. | 4 | 11 | 13 | 8 | 12 | 24 | 8 | 80 |
| Notifications in immunised children .. .. | 2 | 10 | 9 | 3 | 4 | 5 | — | 33 |

Details of the notified cases in immunised children are as follows:—

| Age of child at onset | Antigen used | Interval between last injection and onset | Severity (as classified in M.R.C. field trials) |
|---|---|---|---|
| 7 months | Triple antigen | 1 month | Very mild |
| 10 months | Triple antigen | 3 months | Mild |
| 1 year | Triple antigen | 6 months | Moderate |
| 1 year | Triple antigen | 7 months | Very mild |
| 1 year 3 months | Triple antigen | 10 months | Severe |
| 1 year 4 months | Triple antigen | 10 months | Very mild |
| 1 year 5 months | Triple antigen | 9 months | Very mild |
| 1 year 5 months | Triple antigen | 1 year | Mild |
| 1 year 5 months | Triple antigen | 10 months | Mild |
| 1 year 8 months | Triple antigen | 1 year 2 months | Mild |
| 1 year 11 months | Triple antigen | 1 year 5 months | Mild |
| 1 year 11 months | Triple antigen | 1 year 5 months | Mild |
| 2 years | Triple antigen | 1 year 6 months | Moderate |
| 2 years 1 month | Triple antigen | 1 year 7 months | Mild |
| 2 years 2 months | Triple antigen | 1 year | Mild |
| 2 years 5 months | Triple antigen | 2 years | Mild |
| 2 years 6 months | Triple antigen | 2 years | Mild |
| 2 years 7 months | Triple antigen | 1 year 10 months | Moderate |
| 2 years 7 months | Triple antigen | 2 years | Mild |
| 2 years 9 months | Triple antigen | 1 year 5 months | Very mild |
| 2 years 11 months | Triple antigen | 2 years 6 months | Very mild |
| 3 years 5 months | Triple antigen | 2 years 11 months | Moderate |
| 3 years 6 months | Triple antigen | 2 years 1 month | Moderate |
| 3 years 11 months | Triple antigen | 3 years 5 months | Mild |
| 4 years | Triple antigen | 3 years 6 months | Severe |
| 4 years | Triple antigen | 3 years 3 months | Very mild |
| 4 years 6 months | Triple antigen | 3 years 10 months | Severe |
| 4 years 9 months | Triple antigen | 4 years 3 months | Severe |
| 5 years 3 months | Triple antigen | 3 years 11 months | Mild |
| 5 years 7 months | Triple antigen | 5 years 2 months | Moderate |
| 5 years 7 months | Triple antigen | 5 years 1 month | Moderate |
| 5 years 8 months | Triple antigen | 5 years 2 months | Mild |
| 5 years 9 months | Plain pertussis vaccine | 5 years 3 months | Very mild |

There was one case of pneumonia, one of bronchitis and one of diarrhoea following the attack of whooping cough. Each child made a good recovery.

**(3) Poliomyelitis Vaccination**

The vaccination programme during 1961 was complicated by sudden demands and difficulties in connection with vaccine supplies.

The priority groups entitled to a course of three injections remained unaltered from the previous year. Those outside the priority groups became eligible for vaccination by their General Practitioners on January 1st, the vaccine being obtained on prescription through the pharmaceutical services, but it was decided that no useful purpose would be served by keeping records of individuals vaccinated in this group, and General Practitioners were not asked to forward records of such injections.

In April we were notified by the Ministry of Health that owing to the greater risk of contracting the disease to which younger children in school were exposed, a reinforcing fourth dose of vaccine should be offered to those children who had reached the age of five, but were under twelve. Children of similar age but not in school were included. The limitation to this age group caused a certain amount of distress to some parents, particularly those having families extending above and below the age range, when some of the children would be eligible for the fourth dose, and others not. Most were, however, reassured by the explanation that the age range concerned was the one in which there was considered to be the greatest likelihood of attack. As we had been asked to complete the campaign before the onset of the summer season, we were faced with the formidable task of circularising the parents of all the children concerned, and arranging for the added protection to be given during the summer term. Between the second week in May and the closing of the schools in July the vast majority of the 8,411 fourth injections were given, and our thanks are due to the staffs of schools and the Training Centre for their willing help in arranging sessions.

Coinciding with the campaign for fourth injections, the case of poliomyelitis which occurred on the Blackbird Leys Estate in May resulted in a sudden increased demand from the public as a whole. In addition to the regulat weekly clinic at 60 St. Aldates, late afternoon clinics were held at the Blackbird Leys Health Centre until the end of July, and were well attended. It is to be noted that a considerable number of children of pre-school age were brought to these busy sessions, when the parents could, if they wished, have made use of the facilities at Child Welfare Clinics, with their less stressful atmosphere.

At the beginning of August the Ministry of Health notified us that difficulty was anticipated in meeting our requirements for vaccine; and we were advised at the beginning of the autumn term that fourth injections for the school children, started with such urgency and enthusiasm only a few months before, would have to be temporarily suspended. The failure in supplies was attributed to exceptionally heavy demand, the failure of certain batches of vaccine to pass safety tests, and the fact that certain firms had turned over to the manufacture of oral vaccine. By the middle of November insufficient vaccine was available for normal working,

and we were obliged to curtail our programme, such stocks as were available being largely used to ensure that nobody would have to wait for an injection beyond the period at which it would be most effective. This state of affairs was very disappointing in a campaign the Department has pursued with such enthusiasm, and which we have been putting before the public as being so desirable and urgent. Further deliveries were received just before Christmas, and with the hope of better supplies in the New Year, it was felt that a cautious return could be made to normal working.

The number of injections given in the course of the year are set out in the table below, the figures in brackets being those for the previous year. Of the 27,260 injections given, approximately 92% were given by Local Authority Staff.

**Injections given (Local Authority and General Practitioners)**

| | 1st Injections | 2nd Injections | 3rd Injections | 4th Injections |
|---|---|---|---|---|
| Children | 2,313 (1,552) | 2,193 (1,517) | 1,576 (3,774) | 8,411 (—) |
| Young Persons | 1,254 (691) | 1,142 (1,242) | 1,003 (4,507) | — |
| Adults | 2,080 (5,209) | 2,218 (5,150) | 4,830 (1,449) | — |
| Others | 95 (15) | 111 (10) | 34 (12) | — |
| Total | 5,742 (7,467) | 5,664 (7,919) | 7,443 (9,742) | 8,411 (—) |

Since the beginning of the scheme, a total of 45,240 persons within the priority groups have received a course of three injections within the City. In addition 4,674 persons had received two injections and were awaiting a third, and 145 persons had received one injection and were awaiting a second. A total of 458 doses was given to hospital staffs (1,188 in 1960).

It is anticipated that in 1962 oral Sabin vaccine will replace Salk vaccine as the method of choice for vaccination against poliomyelitis.

### (4) Vaccination for Travellers

(*a*) *Yellow Fever.* The Oxford centre serves the City, and the surrounding area (mainly Oxfordshire, Buckinghamshire, Berkshire, north Wiltshire and north Gloucestershire). A total of 663 injections were given during the year. Of these 320 were given in the months May to August.

(*b*) *Other diseases.* Only Oxford City residents are catered for. Injections given during the year are set out in the table below. In addition smallpox vaccination can be obtained by appointment.

| | *Primary* | *Revaccination* |
|---|---|---|
| T.A.B. .. .. .. .. .. .. | 23 | 7 |
| T.A.B. and Cholera combined .. .. .. | 47 | 3 |
| Cholera .. .. .. .. .. .. | 11 | 7 |
| Typhus .. .. .. .. .. .. | 5 | — |
| Tetanus toxoid .. .. .. .. .. | 17 | 5 |

### (5) Adrenalin at Clinics

Adrenalin is held as a routine at all clinics where injections are given. It is rarely used, but not only must the drug itself be readily available, but also all the adjuvants for swift administration. As with all pharmacologically active substances, great care must be taken that this potent drug is not given in mistake for some other substance, and with the introduction of single dose ampoules of poliomyelitis vaccine, it became apparent that there was at least a possibility of the one being given in error for the other. A pack was therefore devised which would be distinctive, would contain the necessary materials, and which could be opened in a second.

A small cardboard box which excludes light is packed with four 0.5 ml. ampoules of adrenalin and a file. This quantity of the drug is greater than is likely to be required for treatment, but the possibility of wastage in moments of stress must always be remembered. The box is then enclosed in a green envelope, boldly marked with the name of the drug, and carrying the dosage for administration to different age groups. The envelope also carries an expiry date, taken as 2 years from the date of delivery from the manufacturer of the oldest ampoule contained in the pack. The life of adrenalin in ampoules is probably considerably longer than this, but it was felt to be wise to err on the side of safety.

## (f) INFESTATION

### (i) Scabies

The number of school children with scabies treated together with their families during the year was 5 children contained in 2 families.

### (ii) Pediculosis

During the year 15,040 personal hygiene inspections were carried out by the school health visitors and out of 7,865 children inspected, 276 were found to have lice or nits in the hair. This represents an incidence of 3.5% compared with 1.9% in 1960 and 1.3% in 1959. The increase in incidence since 1959 is probably due to the inspections being concentrated on schools where persistent offenders have been found in the past. Every effort is made to detect and eradicate infestation in family contacts, but it is notoriously difficult to elicit the co-operation of some members, particularly elder sisters who have left school and who may well provide a reservoir of infection.

During the year 4 adults infested with body lice were also treated. This compares with 2 cases in 1960 and 14 in 1959.

## (g) LABORATORY SERVICES

### Bacteriological examinations

Examinations of swabs and other specimens from cases of infectious disease and from contacts and suspected carriers have been carried out by Dr. R. L. Vollum and his staff at the Public Health Laboratory, Walton Street, Oxford. In addition, virus studies have been carried out by Dr. F. O. MacCallum. We are most grateful to the whole staff for the ready help which has been given throughout the year.

### Analytical examinations

Mr. F. A. Lyne, B.Sc., F.R.I.C., of 220/222 Elgar Road, Reading Berkshire, has continued as official Analyst to the City.

# SECTION V

## MATERNITY AND CHILD WELFARE

REPORT BY DR. E. J. COULTER,
M.B., Ch.B., D.P.H., D.C.H.
Senior Assistant Medical Officer for Maternity and Child Welfare.

### A. MATERNITY
### (including domiciliary midwifery)

**I. Midwives practising in the Area**

Number of midwives practising at the end of the year in the area of the Local Supervising Authority:—

| | |
|---|---|
| (*a*) Domiciliary midwives employed by the Local Health Authority .. .. .. .. .. .. .. | 7 |
| (*b*) Midwives in hospital practice, employed by the Board of Governors of the United Oxford Hospitals .. .. | 43 |
| | 50 |

**II. The Domiciliary Midwifery Service**

**1. General Arrangements**

As in the past all the domiciliary midwifery was carried out by full-time midwives employed by the City Council. However, the decision to employ a midwife on a part-time basis was made towards the end of the year, to help with the nursing care of mothers and babies discharged early from hospital. This arrangement did not commence until 1st January, 1962.

**2. Antenatal care for domiciliary cases**

Every mother booked for domiciliary delivery by a City midwife also books a general practitioner under the Maternity Medical Service. Cases for domiciliary delivery are carefully selected and antenatal care is carried out by both doctor and midwife in close co-operation. It is to the advantage of the mother and in the best interests of midwifery, that this is started early in pregnancy. The following table shows the number of midwives bookings according to the period of gestation:—

| *Period of gestation* | *Number of bookings* |
|---|---|
| 16 weeks | 216 |
| 20 ,, | 110 |
| 24 ,, | 90 |
| 28 ,, | 85 |
| 32 ,, | 44 |
| 36 ,, | 20 |
| After 36 weeks | 15 |
| Unbooked | 4 |
| Total | 584 |

Thus, 168 or 28.8% of mothers delivered at home did not book a midwife until after the 24th week of pregnancy.

General practitioners continued to hold special antenatal sessions at their surgeries. At the end of the year 19 doctors were participating in 13 regular weekly sessions at which a midwife or her pupil attended.

Every effort is made to ensure that the full range of routine antenatal blood tests is carried out in each case. Specimens may be collected at the pathological laboratory at the Radcliffe Infirmary or the Churchill Hospital, but most mothers find it easier to attend one of the City antenatal clinics. The following figures show the number of attendances for this purpose over the last ten years:—

| | |
|---|---|
| 1952 | 134 |
| 1953 | 224 |
| 1954 | 271 |
| 1955 | 326 |
| 1956 | 352 |
| 1957 | 617 |
| 1958 | 1,054 |
| 1959 | 1,065 |
| 1960 | 1,036 |
| 1961 | 1,039 |

In addition the Supervisor of Midwives took samples at the mother's home on 44 occasions during 1961 at the request of a general practitioner (compared with 49 occasions in 1960 and 71 in 1959).

To ensure that all mothers delivered at home have a high haemoglobin at term, almost every mother has routine iron in pregnancy and the haemoglobin level is re-estimated at 34—36 weeks. Study of the records of the 584 cases delivered in 1961 shows the following distribution of the late-pregnancy haemoglobin readings:—

| *Hb.* | *Number of cases* |
|---|---|
| 61—70% | 15 |
| 71—80% | 176 |
| 81—90% | 305 |
| 91—100% | 67 |
| 101% or over | 6 |
| No record available | 15 |
| | 584 |

Of the 15 cases in the 61—70% group, 7 were 70%, 2 were booked for hospital confinement, one patient was attending the anaemia clinic at the Radcliffe and the remainder were having treatment from their own doctor. In the group "no record available" 5 were premature labours, 2 were hospital booked emergencies and the remainder either unbooked cases or very late bookings.

### 3. City Antenatal Clinics

The fall in attendances for full antenatal care at the City clinics continued. Attendances for this purpose number 95 compared with 144 in 1960 and 308 in 1959. The few mothers who attend usually do so for geographical reasons and in each case a doctor is booked and is kept informed of his patient's progress.

The following shows the attendances for antenatal care, the blood tests performed for general practitioners and the injections of poliomyelitis vaccine during the year. It does not include one postnatal attendance.

**Work done at City antenatal clinics 1961**

| Clinic | Full antenatal care | | Blood tests at request of general practitioners | No. of poliomyelitis vaccine injections given |
|---|---|---|---|---|
| | Firsts attendances | Re-attendances | | |
| Headington .. | 6 | 36 | 347 | 195 |
| East Oxford .. | 2 | 18 | 461 | 268 |
| St. Aldate's .. | 6 | 27 | 231 | 149 |
| | 14 | 81 | 1039 | 612 |

### 4. Maternity Medical Service bookings

The distribution of bookings (of mothers delivered at home) under the Maternity Medical Service among doctors in practice in the City was as follows:—

| | |
|---|---|
| 40—49 cases | 1 doctor |
| 30—39 ,, | 2 doctors |
| 20—29 ,, | 7 ,, |
| 10—19 ,, | 13 ,, |
| 5—9 ,, | 15 ,, |
| 1—4 ,, | 15 ,, |

The figures apply only to City cases, thus they do not represent the total Maternity Medical Service bookings of these doctors.

### 5. Work of the individual midwives 1961

Details are shown in tabular form. The figures include deliveries and visits carried out by pupil midwives and by medical students.

A second table gives an analysis of all domiciliary deliveries carried out during 1961.

## Table showing the work of the individual midwives during the year

| | Doctor present at delivery | Doctor not present at delivery | Mis-carriages | Total | Antenatal visits | Nursing visits | Postnatal visits (i.e. after the 14th day) | Total visits |
|---|---|---|---|---|---|---|---|---|
| Midwife A. (East Oxford and part of Cowley) | 17 | 74 | 1 | 92 | 1,454 | 1,610 | 12 | 3,076 |
| Midwife B. (Headington) | 26 | 60 | — | 86 | 1,142 | 1,567 | 3 | 2,712 |
| Midwife C. (Cowley) | 25 | 41 | 1 | 67 | 889 | 1,371 | 13 | 2,273 |
| Midwife D. (South, West and part of East Oxford) | 18 | 76 | — | 94 | 1,386 | 1,766 | 61 | 3,213 |
| Midwife E. (Wolvercote, Cutteslowe, North Oxford and relief of Supervisor) | 20 | 43 | — | 63 | 1,208 | 1,635 | 4 | 2,847 |
| Midwife F, (Northway, Marston and part of Headington) | 20 | 74 | — | 94 | 1,262 | 1,906 | 11 | 3,179 |
| *Midwife G. (Blackbird Leys) | 9 | 35 | 1 | 45 | 796 | 963 | — | 1,759 |
| †Midwife H. (Blackbird Leys) | 3 | 10 | — | 13 | 177 | 258 | — | 435 |
| Supervisor of Midwives | 11 | 22 | — | 33 | 413 | 540 | 10 | 963 |
| | 149 | 435 | 3 | 587 | 8,727 | 11,616 | 114 | 20,457 |
| Corresponding figures for 1960 | 146 | 474 | 1 | 621 | 8,397 | 11,855 | 120 | 20,372 |
| Corresponding figures for 1959 | 120 | 499 | 3 | 622 | 8,491 | 12,328 | 132 | 20,951 |

* Resigned 30.9.61.
† Appointed 1.10.61.

## 6. Analysis of domiciliary deliveries during 1961:—

| | Doctor present at delivery | | Doctor not present at delivery | | |
|---|---|---|---|---|---|
| | Primiparae | Multiparae | Primiparae | Multiparae | Total |
| Total cases .. .. .. | 52 | 97 | 55 | 380 | 584 |
| Live births .. .. .. | 52 | 98 | 53 | 379 | 582 |
| Still-births .. .. .. | — | — | 2 | 1 | 3 |
| Twin deliveries .. .. | — | 1 | | — | 1 |
| Death of baby at home .. | — | — | | 1 | 1 |
| Forceps deliveries .. | 6 | 1 | — | — | 7 |
| Emergency obstetric service | 1 | 5 | 1 | 13 | 20 |
| Baby transferred to hospital by "premature baby flying squad" .. .. .. | — | — | — | — | — |
| Baby transferred to hospital other than by "flying squad" .. .. .. | — | 4 | — | 2 | 6 |
| Mother and baby transferred to hospital .. .. | — | 3 | — | 4 | 7 |
| Anaesthesia and analgesia:— | | | | | |
| (*a*) Pethidine .. .. | 40 | 45 | 39 | 154 | 278 |
| (*b*) Gas-and-air .. .. | 44 | 91 | 54 | 350 | 539 |
| (*c*) Trilene .. .. | 2 | 3 | — | — | 5 |
| (*d*) Anaesthetics .. | 1 | — | — | — | 1 |
| Antenatal care:— | | | | | |
| (*a*) General practitioner and midwife .. .. | 52 | 97 | 55 | 369 | 573 |
| (*b*) Clinic and general practitioner .. .. | — | — | — | 7 | 7 |
| (*c*) Hospital booked emergencies .. | — | — | — | 4 | 4 |
| Feeding at 14 days:— | | | | | |
| (*a*) Breast entirely .. | 42 | 63 | 38 | 263 | 406 |
| (*b*) Breast and bottle .. | 3 | 15 | 5 | 33 | 56 |
| (*c*) Bottle entirely .. | 7 | 19 | 10 | 80 | 116 |

**Comments on the work of the midwives and on the details of domiciliary deliveries**

1. Total deliveries decreased slightly (584 compared with 620 in 1960). There was an increase of 330 in the number of antenatal visits made by midwives during the year. Many of these were paid to mothers who for various reasons were subsequently booked for hospital confinement.

2. There was no maternal death.

3. Only 3 still-births and one neonatal death at home occurred in 584 deliveries.

4. One pair of twins was delivered at home. Twins had been diagnosed and the mother refused medical advice for hospital confinement. She was transferred to hospital immediately after delivery.

5. Doctors were present at 34% of deliveries compared with 31% in 1960, 24% in 1959, 26% in 1958 and 16% in 1957.

6. The forceps rate was again low, namely 1.2%.

7. It can be calculated from the figures that 70% of babies born at home, were fully breast-fed at 14 days.

## 7. Patients booked for domiciliary delivery but transferred to hospital during labour

Despite thorough antenatal care and careful selection of mothers booked for delivery at home, it is inevitable that abnormalities will occasionally arise during labour. In Oxford, thanks to the unfailing co-operation of the hospitals, admission of emergency cases can always be arranged without delay.

During 1961, the admission of 14 mothers occurred during labour. Calculated as a percentage of mothers delivered at home plus those admitted in labour, this works out as 2.3% compared with 3.1% in 1960, 4.3% in 1959, 2.6% in 1958 and 4.0% in 1957.

The reasons for admission, together with the outcome for mother and baby were as follows:—

| | *End result* | | *No. of* |
|---|---|---|---|
| *Abnormality* | *Mother* | *Baby* | *cases* |
| Delay in 1st stage | Caesarian section | Survived | 1 |
| Delay in 1st stage | Forceps delivery | Survived | 2 |
| Delay in 2nd stage | Forceps delivery | Survived | 3 |
| Premature labour | Normal delivery | Survived | 3 |
| Foetal heart not heard | Normal delivery | Stillborn* | 1 |
| Early rupture of membranes | Normal delivery | Survived | 2 |
| Prolapsed cord | Normal delivery | Survived | 1 |
| Foetal distress | Normal delivery | Survived | 1 |
| | | | 14 |

* This case, involving a perinatal death, is discussed in paragraph 10.

### 8. Administration of pethidine

Pethidine was given in 193 cases in which the midwife was acting on her own responsibility (i.e. 43%). Corresponding figures for the last five years are as follows:—

| | |
|---|---|
| 1956 | 51% |
| 1957 | 43% |
| 1958 | 48% |
| 1959 | 48% |
| 1960 | 51% |

Of the total 584 patients delivered at home 278 or 47.6% received pethidine.

### 9. Gas and air analgesia

Gas and air is made readily available to every mother who wishes to have it. Instructions in its use is always given in the antenatal period unless the mother is familiar with and confident in it.

During the year 93% of mothers received it. Although slightly lower than in 1960, the local figure remains well above the national figure for inhalational analgesia administered by domiciliary midwives. This was 81% in 1960, the latest year for which it is available.

In the 31 cases in which it was not given when the midwife was acting on her own responsibility, investigation showed the reason to be as follows:—

| | |
|---|---|
| Born before arrival of midwife .. .. | 11 |
| Rapid delivery, no time .. .. .. .. | 11 |
| Refused .. .. .. .. .. .. | 9 |
| | 31 |

Of the 9 who refused 3 had received pethidine.

The midwives are not equipped with trilene and in the 5 cases in which it was administered, it was provided by the doctor.

### 10. Mothercraft and Relaxation Classes

These classes continue to be much appreciated by expectant mothers. Details of mothercraft teaching are included in the section on Health Education.

Relaxation classes are organised by the Department of Physical Medicine, the United Oxford Hospitals, and are held at the Radcliffe Infirmary on Tuesday and Friday at 3.45 p.m., and at the Churchill Hospital on Monday and Wednesday at 3.15 p.m. The classes are restricted to mothers (booked either for home or hospital confinement) who have a doctor's recommendation, and to be really helpful they should be attended as soon after the 20th week as possible.

## 11. Perinatal deaths in connection with domiciliary midwifery

Every stillbirth and neonatal death in the first week of life is fully investigated in order to see if any lessons can be learned from it. To give a complete picture it is necessary to include three categories:—

(1) Deaths at home (3 stillbirths and 1 neonatal death).
(2) Deaths of babies admitted to hospital as emergencies in labour (1 stillbirth).
(3) Deaths of babies admitted to hospital after delivery at home—none.

Thus, there were 5 perinatal deaths associated with the domiciliary service, giving an overall rate of 8.5 per 1,000 total births. (16 per 1000 in 1960 and 22.5 per 1000 in 1959).

Details of these 5 deaths with notes as to their possible avoidability are as follows:—

### (1) Deaths at home

A. *Stillbirths*

1. *Unmarried mother of 22 years.* First baby. Unbooked emergency. Arrived in Oxford two days before birth of anencephalic infant. Post-mortem carried out.

*Comment*: Unavoidable, but regrettable that antenatal care was negligible.

2. *Mother aged 27 years.* Second child. Regular antenatal care by doctor and midwife. Pregnancy uneventful until 28 weeks when foetal heart not heard. Breech delivery of a macerated foetus at 34 weeks. Postmortem carried out.

*Comment*: Unavoidable.

3. *Mother aged 24 years.* First baby. Regular antenatal care by doctor and midwife. Breech undiagnosed. Midwife not summoned until second stage of labour when still-born baby of 6 lbs. 4 ozs. delivered. Postmortem: Intrauterine anoxia.

*Comment*: Possibly avoidable. If breech had been diagnosed, patient would have been booked for hospital confinement. Examination during the first stage of labour would also have led to closer supervision and possible transfer to hospital.

B. *Neonatal deaths*

1. *Mother aged 28 years.* Sixth baby. Previous pregnancies and deliveries normal. Regular antenatal care by doctor and midwife. Labour and delivery normal. Infant gasped but respiration not fully established despite restorative measures. Lived 20 minutes. Postmortem: Left diaphragmatic hernia with consequent pulmonary hypoplasia. Abdominal viscera engorged. Right talipes.

*Comment*: Unavoidable.

**(2) Deaths of babies born to mothers admitted to hospital as emergencies in labour**

1. *Mother aged 25 years.* First baby. Regular antenatal care by doctor and midwife. Because of foetal distress in labour transferred to hospital. Normal delivery of still-born child. Postmortem: Intrauterine anoxia—due to early separation of small placenta.

*Comment*: Possibly avoidable had patient been in hospital at onset of labour, but there was no indication for such a step to be taken.

**Summary and conclusions in relation to perinatal deaths**

It appears that of the 5 deaths 3 were unavoidable in the present state of medical knowledge, and in the remaining 2 there is an element of doubt.

## 12. Resuscitation of the newborn by "Sparklet" oxygen apparatus

The apparatus was used on 9 occasions, in each case with apparently beneficial effect. In five of these cases the oxygen was given by mask and in the remaining four by intranasal catheter.

## 13. Emergency obstetric service

This valuable service, which operates from the Nuffield Maternity Home was called to patients attended by domiciliary midwives in the City on 24 occasions during 1961. Every mother made a good recovery.

Details of the cases were as follows:—

| | |
|---|---|
| Postpartum haemorrhage .. .. .. | 7 |
| Postpartum haemorrhage and retained placenta | 5 |
| Postpartum haemorrhage and inverted uterus.. | 1 |
| Retained placenta .. .. .. .. .. | 6 |
| Eclampsia .. .. .. .. .. | 1 |
| Antepartum haemorrhage .. .. .. | 2 |
| Antepartum haemorrhage and pre-eclamptic toxaemia .. .. .. .. .. | 1 |
| Delay in second stage .. .. .. .. | 1 |
| | 24 |

Excluding the three cases of antepartum haemorrhage where the mother was transferred to hospital for delivery there were 21 calls to 584 domiciliary deliveries. A study of the records of these cases reveals that two patients with postpartum haemorrhage and retained placenta had a similar occurrence after a previous birth and the case of eclampsia had a past history of toxaemia of pregnancy. A further patient with postpartum haemorrhage was suffering from anaemia (Hb. 71%) which was not responding well to treatment. In these 4 instances hospital confinement had been urged but refused by the patient. In the remaining cases the emergency was not forseeable and in every instance there was a satisfactory level of haemoglobin.

## 14. Notification by midwives to the Local Supervising Authority

Despite the close partnership between doctor and midwife in the care of mothers delivered at home, the midwife is still obliged by the rules of the Central Midwives' Board to fill in a "medical aid form" when she needs the help of a doctor in cases where he is not present at delivery.

This occurred on 165 occasions during the year (compared with 198 in 1960 and 265 in 1959). The reasons were as follows:—

(*a*) *Mother*

(i) *During pregnancy*

| | |
|---|---|
| Antepartum haemorrhage | 5 |
| Early rupture of membranes | 1 |
| High head in primipara | 1 |
| Intrauterine death | 2 |
| Malpresentation | 1 |
| Premature rupture of membranes | 1 |
| Toxaemia | 1 |
| Urinary infection | 2 |
| | 14 |

(ii) *In relation to labour and delivery*

| | |
|---|---|
| Abdominal distension | 1 |
| Accidental haemorrhage | 1 |
| Anaemia | 1 |
| Breech presentation | 3 |
| Cord presentation | 2 |
| Delay in 2nd stage | 10 |
| Delay in 3rd stage | 8 |
| Episiotomy for suturing | 6 |
| Foetal distress | 10 |
| High blood pressure after delivery | 1 |
| High head in labour | 1 |
| Intrapartum haemorrhage | 3 |
| Postpartum haemorrhage | 11 |
| Postpartum haemorrhage and retained placenta | 4 |
| Premature labour | 4 |
| Primary uterine inertia | 1 |
| Prolonged 1st stage | 2 |
| Ruptured perineum | 42 |
| | 111 |

(iii) *Lying-in period*

| | |
|---|---|
| Flushed breast | 6 |
| Puerperal pyrexia | 5 |
| Secondary postpartum haemorrhage | 1 |
| | 12 |

(*b*) *Baby*

| | |
|---|---|
| Asphyxia, blue | 3 |
| Asphyxia, white | 3 |
| Baby not well | 1 |
| ? Cerebral damage | 1 |
| Cold | 1 |
| Cold and cough | 1 |
| Cyanotic attack | 2 |
| Discharging eyes | 6 |
| Excessive vomiting | 2 |
| Facial cyanosis | 1 |
| Failure to gain weight and cold | 1 |
| Haemorrhage per rectum and vomiting | 1 |
| Haemorrhage from unbilical cord | 2 |
| High pitched cry | 1 |
| Jaundice | 1 |
| Premature baby | 1 |
| | 28 |

**15. Care of mothers discharged from hospital during puerperium**

Mothers are discharged home to the care of the midwife before the 10th day only in exceptional circumstances. During the year this occurred on 246 occasions (compared with 107 in 1960, 113 in 1959 and 118 in 1958).

The reasons were as follows:—

| | |
|---|---|
| Originally booked by midwife but admitted to hospital for delivery | 57 |
| Originally booked by midwife but admitted to hospital during labour | 14 |
| To relieve pressure on hospital beds | 124 |
| Compassionate grounds (baby died or still-born) | 12 |
| Mother discharged herself against medical advice | 7 |
| Delayed separation of cord—after 8th day | 32 |
| | 246 |

In order to relieve pressure on beds, mothers and babies were discharged to the care of the midwife before the 8th day on 124 occasions

compared with 22 in 1960, and after the 8th day only where special nursing measures were required. This occurred on 32 occasions.

### 16. Postnatal care for domiciliary cases

Every effort is made to persuade mothers to go to the doctor providing maternity medical service for a postnatal examination. If this is not achieved by three months after delivery (the statutory limit for inclusion of the examination under the Maternity Medical Service) an attempt is made to persuade the mother to come to the antenatal clinic.

With the co-operation of the health visitors a record is kept of the postnatal care of domiciliary cases. At the end of March, 1962, the position was as follows:—

| | |
|---|---|
| Total deliveries .. .. .. .. .. .. .. | 584 |
| Postnatal examinations carried out .. .. .. .. | 520 |
| Postnatal examinations not carried out .. .. .. | 31 |
| Unknown .. .. .. .. .. .. .. .. | 6 |
| Left Oxford .. .. .. .. .. .. .. | 27 |
| | 584 |

Of the mothers in whom the result is known (albeit only according to their own statement) 90% had received a postnatal examination.

### 17. Training school for Midwives

Part II pupil midwives from the Churchill Hospital continued to receive three months' training with the domiciliary midwives, five of whom are approved to act as teachers by the Central Midwives' Board. The pupils live in the hostel at 82/84 Abingdon Road, which is in the charge of a warden-housekeeper under the direction of the Supervisor of Midwives. In addition to their practical work on the district they attend child welfare clinics, mothercraft classes and also antenatal sessions at doctors' surgeries. During the year 37 pupils were admitted. The C.M.B. Part II examination was taken by 37 pupils, 34 of whom passed at the first attempt and 2 at their second attempt.

Pupils attended 490 deliveries on the district (included in the table of deliveries attended by domiciliary midwives).

### 18. Training of medical students in domiciliary midwifery

Medical students from the Radcliffe Infirmary attended 21 domiciliary deliveries during the year, compared with 51 deliveries in 1960 and 54 in 1959.

### 19. Postgraduate education of midwives

Two members of the staff attended the compulsory quinquennial postgraduate course during 1961.

Midwives and pupils attend lectures organized (roughly once a month) by the local branch of the Royal College of Midwives.

## III. Institutional Maternity Accommodation

Accommodation was provided by the Nuffield Maternity Home and the Churchill Maternity Department. Births during the past seven years have been distributed as follows:—

**Registered births of Oxford residents occurring in Oxford**

| | 1955 | 1956 | 1957 | 1958 | 1959 | 1960 | 1961 |
|---|---|---|---|---|---|---|---|
| Hospital deliveries | 860 (63%) | 866 (63%) | 924 (65%) | 910 (63%) | 928 60(%) | 914 (60%) | 1,115 (67%) |
| Private Nursing Home deliveries) | 73 (5%) | 65 (5%) | 22 (1%)* | — | — | — | — |
| Domiciliary deliveries | 436 (32%) | 436 (32%) | 484 (34%) | 535 (37%) | 613 (40%) | 611 (40%) | 552 (33%) |

* The only private maternity home closed during 1957.

The number of visits paid by domiciliary midwives in order to assess the suitability of home conditions for a normal delivery showed a slight decrease, as shown by the following figures:—

| | |
|---|---|
| 1952 | 357 |
| 1953 | 274 |
| 1954 | 228 |
| 1955 | 208 |
| 1956 | 193 |
| 1957 | 248 |
| 1958 | 341 |
| 1959 | 356 |
| 1960 | 367 |
| 1961 | 318 |

The following table shows the source from which the patients were referred in **1961** and the result of the investigation:—

| Source from which patient referred | Nuffield Maternity Home | Churchill Maternity Department | General practitioners | Total |
|---|---|---|---|---|
| | 16 | 2 | 300 | 318 |
| Recommended for hospital delivery .. .. | 9 | 1 | 159 | 169 |
| Home confinements arranged .. .. | 7 | 1 | 136 | 144 |
| Not-Pregnant .. .. | — | — | 1 | 1 |
| Left district .. .. | — | — | 4 | 4 |
| | 16 | 2 | 300 | 318 |

Home confinements were arranged in 45% of the cases compared with 41% in 1960 and 46% in 1959.

## IV. Notifiable infectious diseases associated with Childbirth

### (1) Ophthalmia neonatorum

During the year 18 cases were notified; 4 occurred in domiciliary confinements.

### (2) Puerperal pyrexia

Forty-seven cases were notified during the year; all occurred in institutional confinements.

### (3) Pemphigus neonatorum

Two cases were notified during the year, these occurred in institutional confinements.

## V. Birth Control

The clinic for City patients requiring contraceptive advice on medical grounds continued to be held at the Radcliffe Infirmary on Monday evenings.

During the year, there were 54 new patients, 44 were discharged and a total of 389 attendances were made. At the end of the year there were 273 patients on the register.

**Source of new patients**

| | |
|---|---|
| General practitioners | 18 |
| Health visitors | 24 |
| Midwives | 4 |
| Child Welfare Clinics | 4 |
| Radcliffe Infirmary | 2 |
| Nuffield Maternity Home | 1 |
| Another patient | 1 |
| | 54 |

**Medical indications in new patients**

| | |
|---|---|
| Poor general health associated with frequent pregnancies | 26 |
| Anaemia | 2 |
| Anaemia and history of tuberculosis | 1 |
| Ill-health of husband | 1 |
| Urinary infection | 2 |
| Congenital polycystic kidney | 1 |
| Mentally retarded child | 1 |
| History of eclampsia | 2 |
| Mental illness | 5 |
| Epilepsy | 4 |
| Disseminated sclerosis | 1 |
| Difficult labours | 3 |
| Caesarian section | 1 |
| Pulmonary tuberculosis | 1 |
| Colectomy | 1 |
| Backache | 2 |
| | 54 |

Of the 44 patients who were discharged, 17 left the district, 16 had no longer medical grounds, one patient died, 5 persistently defaulted and 8 left for personal reasons—several to have oral contraceptives which were prescribed by the general practitioner.

There is a close follow-up of all patients on the register and where necessary supplies are sent by post—this was requested on 151 occasions in 1961, and, in addition, health visitors delivered supplies on a further 26 occasions.

Of the ten pregnancies which occurred during the year, 6 were intentional, and in the remaining 4, the patient freely admitted that she had not followed the instructions given to her.

Medical students and student health visitors attended the clinic for instruction in this subject.

## B. CHILD WELFARE

(including Health Visiting)

### I. The Health Visiting Service

#### 1. Staff

Full staffing was not reached throughout the year; only 16 of the 19 established posts were filled and there were four long term illnesses varying from two to six months.

Despite these difficulties however, it is pleasing to report that in addition to meeting regular commitments, the health visitors were able to make 7,833 more visits than in the previous year. Several factors contributed to make this possible: the City Council sanctioned further car allowances—now at a total of 17—thereby very greatly increasing mobility; the policy of decentralisation was continued so that by the end of the year 10 health visitors were based on their respective areas; there were three more student health visitors in the period May to August when overlapping normally occurs between students commencing and those completing their period of contract, and lastly, but by no means least, a tribute must be paid to the fine calibre of the individual health visitors themselves.

## 2. Home visits paid by health visitors during the year

The following table shows the visits paid during the year, and includes figures for the three previous years for comparison:—

| | 1958 | 1959 | 1960 | 1961 |
|---|---|---|---|---|
| To expectant mothers .. | 1,121 | 884 | 959 | 1,428 |
| To children under 1 year .. | 12,268 | 9,233 | 8,682 | 11,048 |
| To children between 1 and 2 years | 5,146 | 4,149 | 4,135 | 5,122 |
| To children between 2 and 5 years | 8,496 | 7,122 | 6,770 | 9,456 |
| To tuberculous households .. | 7 | 26 | 55 | 64 |
| To old people .. .. .. | — | 727 | 1,090 | 1,928 |
| Other cases .. .. .. | 2,000 | 1,313 | 1,152 | 1,630 |
| | 29,038 | 23,454 | 22,843 | 30,676 |
| Total number of visits to children under 5 years .. | 25,910 (i.e. 89% of the total visits) | 20,504 (i.e. 87% of the total visits) | 19,587 (i.e. 87% of the total visits) | 25,626 (i.e. 84% of the total visits |

### Comments on these figures

(i) All the visits were "effective" visits. The total number of "no access" visits was 6,788 compared with 5,437 in 1960, 4,244 in 1959 and 5,837 in 1958.

(ii) Visits to expectant mothers are mainly to hospital booked mothers. The number of deliveries in hospital in 1961 was 1,092 so that 1,428 visits represents a fair coverage. In addition a further 57% or 812 "no access" visits were made in this group.

(iii) The increase in the number of visits to all age groups may be accounted for by closer working arrangements with general practitioners, the increase in the birth rate and to earlier discharges of mothers and babies from hospital maternity wards. In addition, there was a back log of routine visits from 1960, in the 2—5 year group which was successfully dealt with.

(iv) Visits to tuberculous patients by the two tuberculosis health visitors are recorded in the Infectious Diseases Section of this report.

(v) Work carried out as school nurses is described in the report of the Principal School Medical Officer.

(vi) "Other cases" comprise all visits not included in one of the other categories. They include visits in connection with infectious diseases, postnatal follow-up and visits paid at the request of general practitioners and hospitals. Since June 1961, health visitors have been co-operating with the Public Health Laboratory Service in a survey concerning the incidence of pathogenic viruses in the faeces of healthy normal children.

### 3. Arrangements for Health Visitors to work in conjunction with general practitioners

The arrangements for the attachment of a health visitor to a general practice was described in detail in the report for 1960. The scheme, which is proving highly satisfactory, continued to flourish and by the end of the year there were four health visitors working full-time for practice patients; two were attached on a part-time basis to two smaller practices and a request from another partnership of four doctors was under discussion. With the exception of one health visitor who is working part-time in a practice, all have their headquarters at surgery premises or at a clinic in the very near vicinity.

Apart from local enthusiasm there is evidence that the scheme has attracted more general interest, e.g. it was following the publication of an account of this teamwork in a nursing journal, that an enquiry was received from a health visitor who was then working with S.S.A.F.A. in Germany. This health visitor is now a member of our staff and is working with a practice of three doctors.

A less formal attachment, but equally satisfactory arrangement, is provided at the Health Centre on the Blackbird Leys estate where two health visitors have their headquarters and where ample opportunity is afforded for daily contact with visiting general practitioners for that area.

### 4. Arrangements for health visitors to follow-up the cases of persons discharged from hospital

The following arrangements which have been in existence for a number of years continue very satisfactorily.

A. **Maternity Cases**

A weekly visit is paid by one of the health visitors to the lying-in wards of the Radcliffe Infirmary and Churchill Hospital. Mothers shortly to be discharged are informed of the facilities available for them and any problems are discussed with a member of the hospital nursing staff.

During the year, because of pressure on hospital beds, a number of mothers and babies were discharged to the care of the health visitor from the 8th day of the puerperium—with the exception of week-end discharges and any case requiring special nursing care by the domiciliary midwifery service. In each instance there was prior telephonic communication with the Health Department and the health visitor also received a written report about each mother and baby on their discharge.

B. **Paediatric Cases**

The follow-up of any child treated as an in-patient or out-patient is very greatly helped by the close liaison which exists between the Hospital Paediatric Department and the Health Department: two health visitors attend paediatric out-patient sessions at the Radcliffe Infirmary; almoners and hospital sisters communicate directly with health visitors when information is needed about home background, and the paediatric depart-

ment is very helpful in providing copies of letters to general practitioners, about out-patients and of summaries of in-patient records. Thus, any special supervision which is needed in the home, can be more easily carried out and more selective visiting made to all abnormal or potentially abnormal cases.

C. **Geriatric cases**

Health visitors visit Cowley Road Hospital as occasion demands and with the co-operation of the almoner, the general practitioner and the Welfare Department help in making arrangements for the patient's subsequent care at home.

D. **Diabetic cases**

One of the health visitors attends the diabetic clinic at the Radcliffe Infirmary and visits certain patients at home in order to help them carry out their regime.

E. **Cases of venereal disease**

A health visitor undertakes contact tracing and the follow-up of defaulting female patients of this clinic. Details of this work are given in the section on venereal diseases.

**5. Work at child welfare clinics**

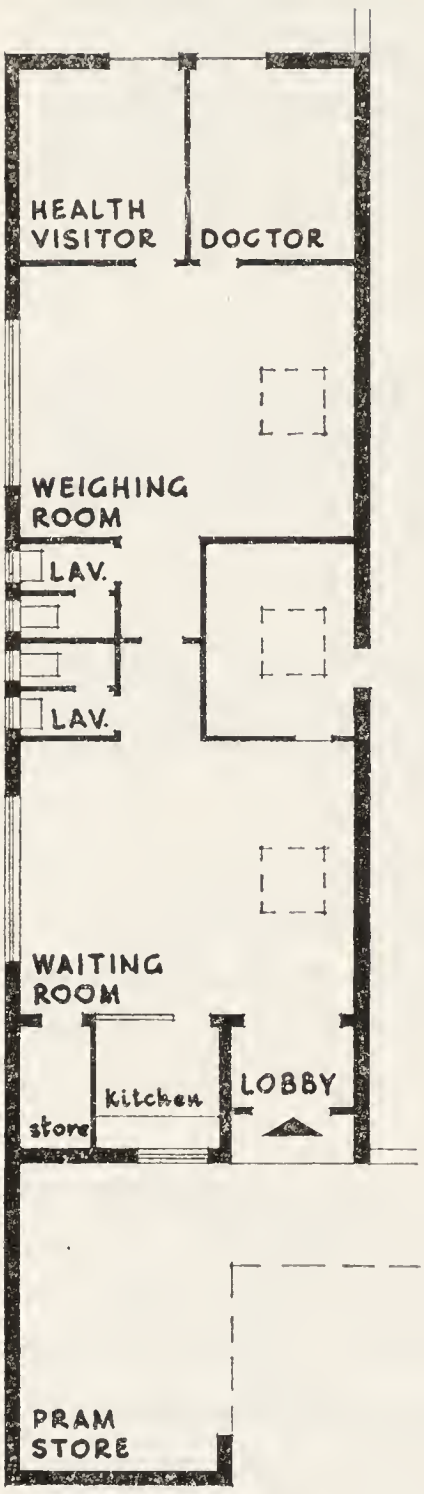
One or more health visitors were present at all the 1,281 sessions of the child welfare clinics held during the year. It is here that the health visitor supplements the advice given in the home, prepares equipment for prophylactic procedures and arranges for the appropriate children to be seen by the doctor. Makeshift and often overcrowded premises make it more difficult to carry out these duties and the opening of the new clinic at Temple Cowley in August was greatly appreciated in that area. The new clinic at Summertown opened in October making a total of 8 purpose-built or specially adapted premises for child welfare work in the City. Rented premises continued to be used at a further 7 centres.

**6. Teaching**

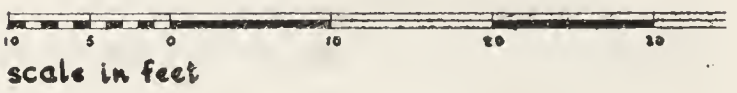
The Health Visitors take part in the professional teaching by the Health Department. Practical instruction is given to student health visitors attending the Oxfordshire County Council's Training School, medical students, pupil midwives, student district nurses and nurses in training at the Radcliffe Infirmary. In addition, social science students and nurses from the Nuffield Orthopaedic Centre are given a brief outline of the work of the health visitor.

**7. Refresher courses**

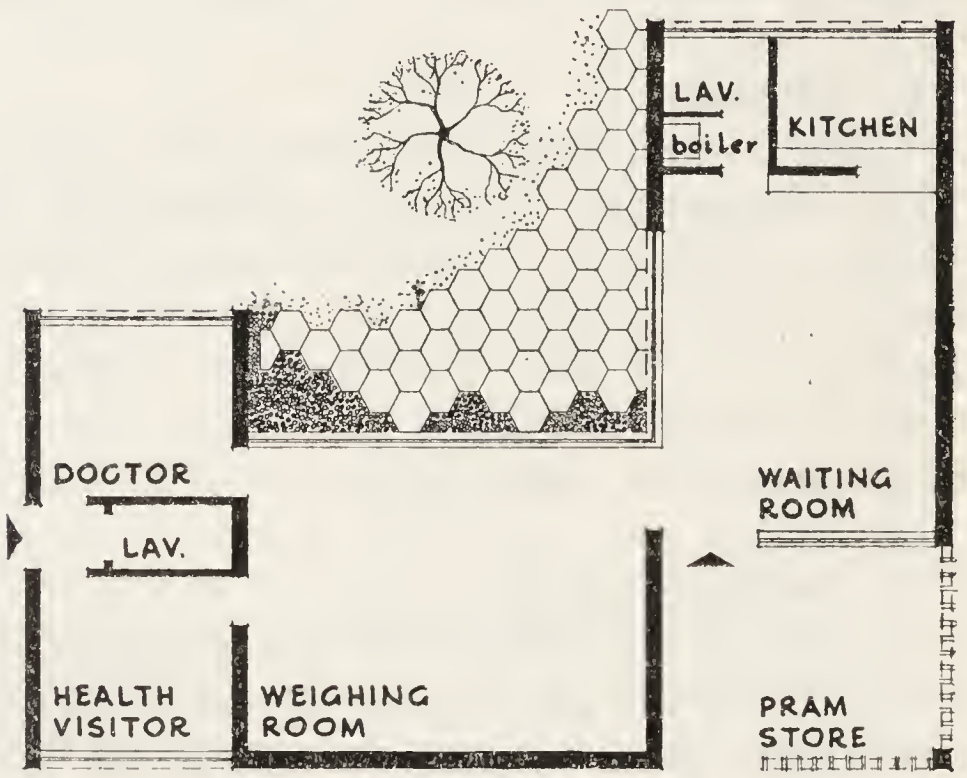
Although it is not a statutory requirement an effort is made to send members of the staff to a refresher course every 5 years. During 1961 one health visitor attended a week's course on Diseases of the Chest,




# CHILD WELFARE CLINIC
# SOUTH PARADE
# SUMMERTOWN




# CHILD WELFARE CLINIC
# TEMPLE ROAD
# COWLEY

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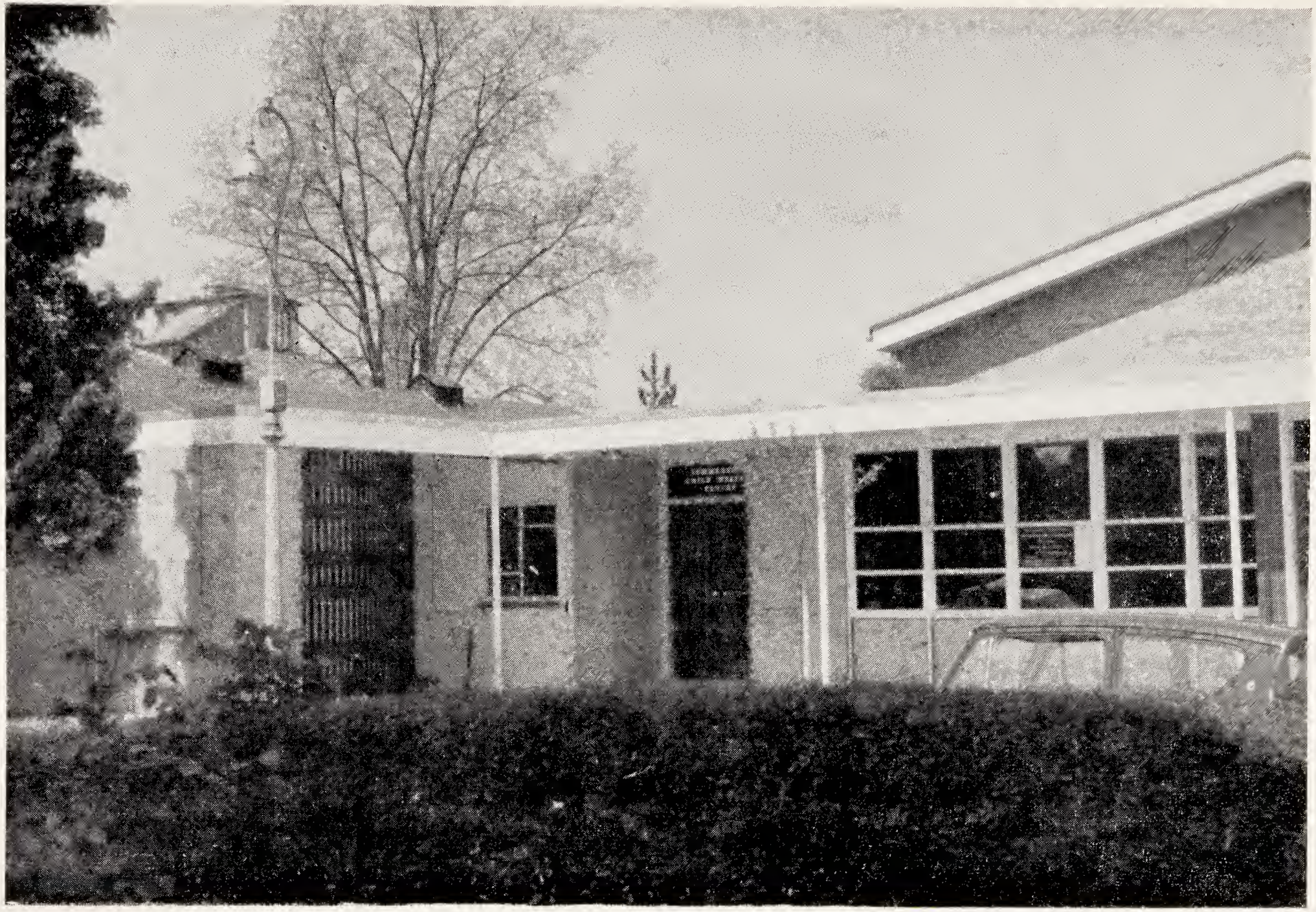


Summertown Child Welfare Clinic

organised by the Royal College of Nursing in Birmingham, and two health visitors attended a fortnight's course run by the Women Public Health Officers Association—one at Leicester and one in London.

### 8. The assisted training scheme for health visitors

Of the six students who began the course in September, 1961, two failed to obtain the health visitors' certificate in April, 1962.

## II. Child Welfare

### 1. Premature babies

During 1961 there were 86 live births of premature babies weighing $5\frac{1}{2}$ lbs. and under and 12 stillbirths. These are notified births corrected for inward and outward transfers. (Corresponding figures for 1960 were 62 live births and 17 stillbirths). Their weights, place of birth and survival are shown in tabular form.

### Comments

(i) The 86 liveborn premature babies represent 5.2% of the 1,659 notified live births to Oxford residents. This figure is below the national level which was 6.7% in 1960 and 1959.

(ii) Of the total 25 notified stillbirths to Oxford residents, 12 were premature.

(iii) The figure shows that the policy has again been followed of arranging that as many as possible of the premature births should take place in hospital. Only 18 of the 86 took place at home. Of these, 15 nursed at home and 3 admitted to hospital survived 28 days.

(iv) The arrangements made with the Radcliffe Paediatric Department for sharing the follow-up of premature babies continued satisfactorily throughout the year. This involves ensuring that these babies receive their extra dosage of vitamin supplements and their iron (throughout the first year of life) supervising their general progress and development with particular reference to hearing and carrying out routine haemoglobin estimations. A report is sent at the end of one and two years to the paediatric department and the family doctor is also kept informed of the child's progress.

## 2. Child Welfare Clinics

*(a) Staff*

Each clinic is staffed by a medical officer, one or more health visitors, and by a number of voluntary workers who give regular and invaluable help with clerical work, weighing of babies, organising play facilities for toddlers and distributing welfare foods.

The medical staff is composed as follows:—

| | |
|---|---|
| Full-time staff of the Health Department .. | 14 sessions per week |
| Part-time staff of the Health Department (not in general practice) .. .. .. .. | 5 sessions per week |
| General practitioners .. .. .. .. | 7 sessions per week |

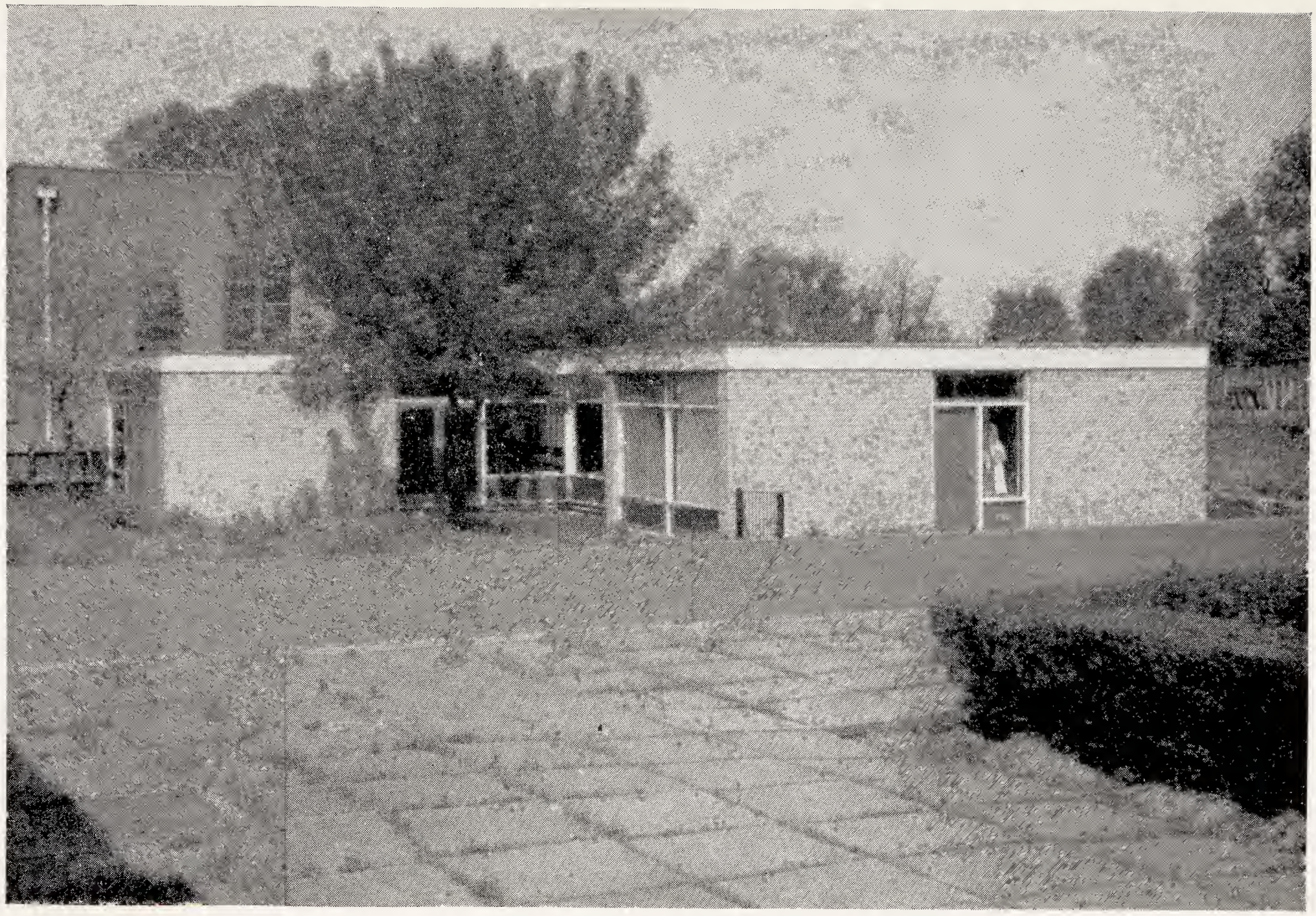
*(b) Attendances*

The attendances at clinics during the year are shown in tabular form. An attendance is recorded only if a child comes for advice, for weighing, or to see the doctor. Thus, attendances merely for obtaining National Welfare Foods are excluded.

A study of the table shows that 1961 was a busy year at these clinics, with an increase of 1,844 total attendances compared with 1960 and an increase of 595 children under 5 years who attended during the year. The number of City children under 1 year who attended City clinics for the first time during the year represents 99% of the registered live births. Figures for the last five years are as follows:—

| | |
|---|---|
| 1957 | 87% |
| 1958 | 91% |
| 1959 | 92% |
| 1960 | 96% |
| 1961 | 99% |

The number of sessions held during the year numbered 1,281, an increase of 87 compared with 1960. By the end of the year 26 regular sessions were being held weekly, 4 of which were for practice patients and attended by the general practitioner concerned.



Cowley Child Welfare Clinic

## Weight, place of birth & survival of premature babies (corrected notifications 1961)

| Weight at birth | PREMATURE LIVE BIRTHS | | | | | | | | | PREMATURE STILL-BIRTHS | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Born in hospital | | | Born and nursed entirely at home | | | Born at home and transferred to hospital on or before 28th day | | | | |
| | Total | Died within 24 hrs. of birth | Survived 28 days | Total | Died within 24 hrs. of birth | Survived 28 days | Total | Died within 24 hrs. of birth | Survived 28 days | Born in hospital | Born at home |
| 3 lb. 4 oz. or less | 11 | 1 | 8 | — | — | — | — | — | — | 2 | 1 |
| 3 lb. 5 oz.— 4 lb. 6 oz. | 15 | 2 | 12 | — | — | — | — | — | — | 6 | 1 |
| 4 lb. 7 oz.— 4 lb. 15 oz. | 13 | — | 13 | 5 | — | 5 | 1 | — | 1 | 1 | — |
| 5 lb.— 5 lb. 8 oz. | 29 | — | 29 | 10 | — | 10 | 2 | — | 2 | 1 | — |
| Totals | 68 | 3 | 62 | 15 | — | 15 | 3 | — | 3 | 10 | 2 |

## Attendances at Child Welfare Clinics

| | No. of children who first attended and at their first attendance were under 1 year | Number of children who attended and who were born in | | | Total No. of children who attended during the year | No. of attendances made by children who at their first attendance were | | | Total attendances | Number of sessions | Average attendances |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 1961 | 1960 | 1959-56 | | Under 1 yr. | 1 but under 2 yrs | 2 but under 5 yrs | | | |
| Bury Knowle, Headington (2 clinics weekly) .. .. | 191 | 173 | 168 | 203 | 544 | 2571 | 492 | 539 | 3,602 | 103 | 34.97 |
| Barton .. .. .. | 92 | 78 | 62 | 115 | 255 | 1,467 | 260 | 174 | 1,901 | 52 | 36.56 |
| Cowley (2 clinics weekly) .. | 120 | 119 | 101 | 173 | 393 | 1,972 | 345 | 273 | 2,590 | 99 | 26.16 |
| East Oxford (2 clinics weekly) | 189 | 151 | 124 | 93 | 368 | 2,486 | 437 | 284 | 3,207 | 99 | 32.32 |
| New Hinksey .. .. | 71 | 60 | 61 | 75 | 196 | 995 | 420 | 242 | 1,657 | 51 | 32.45 |
| St. Ebbe's (2 clinics weekly) | 108 | 105 | 94 | 138 | 337 | 1,453 | 385 | 416 | 2,254 | 99 | 22.77 |
| Summertown (general practice clinic commenced w.e.f. 15.11.61) .. .. | 140 | 110 | 106 | 99 | 315 | 1,545 | 280 | 147 | 1,972 | 59 | 33.42 |
| Slade Park (2 clinics weekly) | 123 | 103 | 128 | 238 | 469 | 1,669 | 319 | 397 | 2,385 | 103 | 23.15 |
| New Marston .. .. | 60 | 58 | 54 | 107 | 219 | 1,175 | 214 | 155 | 1,544 | 52 | 29.69 |
| Wolvercote .. .. .. | 50 | 36 | 44 | 47 | 127 | 735 | 391 | 48 | 1,174 | 52 | 22.73 |
| Donnington(2 clinics weekly) | 144 | 123 | 127 | 189 | 439 | 2,162 | 547 | 384 | 3,093 | 103 | 30.03 |
| Donnington (general practice clinic) .. .. .. | 64 | 57 | 60 | 53 | 170 | 850 | 150 | 63 | 1,063 | 51 | 20.84 |
| G.F.S. Hall, Woodstock Rd. (2 clinics weekly) .. .. | 151 | 120 | 111 | 194 | 425 | 1,684 | 337 | 322 | 2,343 | 99 | 23.61 |
| Northway .. .. .. | 38 | 36 | 64 | 98 | 198 | 693 | 198 | 99 | 990 | 52 | 19.04 |
| Rose Hill Community Centre | 39 | 29 | 32 | 69 | 130 | 539 | 188 | 200 | 927 | 52 | 17.83 |
| Blackbird Leys .. .. | 54 | 52 | 82 | 197 | 331 | 924 | 290 | 346 | 1,560 | 52 | 30.00 |
| Blackbird Leys (general practice clinic A) .. | 33 | 33 | 30 | 72 | 135 | 478 | 117 | 115 | 710 | 51 | 13.92 |
| Blackbird Leys (general practice clinic B) .. | 46 | 46 | 71 | 165 | 282 | 772 | 225 | 198 | 1,195 | 52 | 22.79 |
| | 1,713 | 1,489 | 1,519 | 2,325 | 5,333 | 24,170 | 5,595 | 4,402 | 34,167 | 1,281 | 26.67 |

The following figures indicate the attendances made by children (included in the above table) who lived in the County and attended the Slade Park and Barton clinics:—

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 33 | 29 | 42 | 34 | 105 | 654 | 109 | 51 | 814 |

Most of the children attended the Slade Park clinic. Oxfordshire County Council contributed on a proportional basis to the running expenses of this clinic.

(*c*) *Medical work at clinics*

The medical officers at child welfare clinics continued to keep a record of their work. There were 1,281 sessions at which a doctor was present and altogether children under 5 years were seen by a doctor on 16,921 occasions. In addition, expectant mothers and children over 5 years were seen on 2,186 occasions, mainly for injections of poliomyelitis vaccine.

The following table gives a summary of the reasons for which they were seen by a doctor:—

| | | |
|---|---|---|
| Vaccination against smallpox (performance or follow-up) | 2092 | |
| Triple antigen injections .. .. .. .. .. | 3435 | 58% |
| Other prophylactic injections .. .. .. .. | 470 | |
| Poliomyelitis vaccine injections:— | | |
| under 5 years .. .. .. .. .. .. | 3805 | |
| over 5 years .. .. .. .. .. .. | 1702 | |
| Routine medical inspections— | | |
| first .. .. .. .. .. .. .. | 1402 | 18% |
| subsequent .. .. .. .. .. .. | 2104 | |
| Consultation in relation to a problem .. .. .. | 3555 | 24% |
| Follow-up of medical inspection or consultation .. .. | 1227 | |

(An individual consultation may figure in more than one category; for example a child may come for a routine birthday examination and be immunised at the same time).

The routine medical inspections brought to light a number of conditions not already receiving attention but requiring either treatment or further observation. They were classified as follows:—

| | *First inspection* (usually in early weeks of life) | *Subsequent inspection* (usually at 1st 2nd 3rd and 4th birthday) |
|---|---|---|
| Nutritional and dietetic .. .. | 147 | 61 |
| Eyes.. .. .. .. .. | 42 | 24 |
| Ear, nose and throat .. .. | 19 | 31 |
| Umbilical .. .. .. .. | 86 | 13 |
| Genital organs .. .. .. | 23 | 54 |
| Pallor .. .. .. .. | 12 | 22 |
| Orthopaedic .. .. .. | 21 | 78 |
| Skin .. .. .. .. | 68 | 46 |
| Miscellaneous .. .. .. | 69 | 116 |
| | 487 | 445 |

The following table gives a summary of the nature of the problems about which the mother originally sought advice from the doctor or paid a follow-up visit:—

| | *Consultation* | *Follow-up of inspection or consultation* |
|---|---|---|
| Feeding problems and gastro-intestinal conditions (including failure to gain weight) .. | 744 | 356 |
| Mental and psychological .. .. .. | 73 | 43 |
| Eyes .. .. .. .. .. .. | 243 | 82 |
| Ears .. .. .. .. .. .. | 170 | 68 |
| Respiratory system .. .. .. .. | 523 | 62 |
| Mouth .. .. .. .. .. .. | 93 | 20 |
| Pallor .. .. .. .. .. .. | 106 | 112 |
| Sleep .. .. .. .. .. .. | 125 | 60 |
| Skin .. .. .. .. .. .. | 592 | 118 |
| Orthopaedic .. .. .. .. .. | 150 | 63 |
| Genital organs .. .. .. .. .. | 85 | 38 |
| Umbilicus .. .. .. .. .. .. | 48 | 59 |
| Prematurity .. .. .. .. .. | 30 | 73 |
| Trauma .. .. .. .. .. .. | 65 | 6 |
| Fitness for prophylactic procedure .. .. | 440 | 15 |
| Mother's health .. .. .. .. .. | 153 | 11 |
| Miscellaneous .. .. .. .. .. | 237 | 143 |
| | 3877 | 1329 |

The following table shows the number of children who were referred elsewhere for treatment:—

| | |
|---|---|
| Family doctor .. .. .. .. .. | 105 |
| *Orthopaedic department .. .. .. | 3 |
| *Eye hospital .. .. .. .. .. | 2 |
| *Other hospital departments .. .. .. | 10 |
| | 120 |

* In these cases the family doctor is always informed of the referral and the consultant's findings.

**Comments**

Study of the medical work carried out at the clinics shows little change from the previous years—prophylactic inoculations constituting a major part of the work.

In addition to an increase in the number of "birthday" or subsequent examinations carried out, a number of children were also examined at 1 year in connection with the Investigation into Infections in Early Pregnancy—a survey which is being conducted by the Public Health Laboratory Service and the Royal Society of Health. Special attention

is paid to the development of the child, particularly in relation to hearing, vision, heart and mouth defects.

Very few defects not previously recorded were found in school entrants—as in 1960, only three such instances came to light during the year—all in children who had failed to attend for birthday examinations.

**Tuberculin jelly testing**

Throughout the year routine jelly testing was carried out at each birthday examination (except in children who are known contacts of tuberculosis). Positive reactions were found in 0.42% of the children tested.

Figures from 1951 when routine testing was started are as follows:—

| | |
|---|---|
| 1951 | 0.54% |
| 1952 | 0.32% |
| 1953 | 0.45% |
| 1954 | 0.54% |
| 1955 | 0.10% |
| 1956 | 0.12% |
| 1957 | 0.12% |
| 1958 | 0.06% |
| 1959 | 0.13% |
| 1960 | 0.29% |
| 1961 | 0.42% |

The following table shows the tests performed during the year:—

| | Under 1 year | 1 year | 2 years | 3 years | 4 year | Total |
|---|---|---|---|---|---|---|
| Negative reaction .. | 256 | 659 | 476 | 313 | 167 | 1871 |
| Positive reaction .. | — | 2 | 4 | 1 | 1 | 8 |
| Totals .. .. | 256 | 661 | 480 | 314 | 168 | 1879 |

**Comments**

Of the eight positive reactions, 5 were confirmed by either a positive Mantoux or positive Heaf test. The other three, in children of 2 years, 3 years and 4 years respectively, must be classed as false-positive jelly tests—giving a rate of 0.26% of confirmed positive reactions, compared with 0.06% in 1960.

*Notes on confirmed positive reactors*

*Case* 1.

Boy aged 14 months who was tested on admission to Botley Road Day Nursery. Chest X-ray showed no active lesion. Drug therapy

commenced and contacts examined. Source of infection was not uncovered but it was thought that a relative in Ireland might have been responsible.

*Case* 2.

Boy aged 2 years. X-ray showed a calcified lesion. Treatment commenced and family examined. Source of infection was a lodger who had received antituberculosis chemotherapy in Italy.

*Case* 3.

Girl aged 2 years. Chest X-ray showed a primary infection. Chemotherapy was commenced and contacts examined. It was considered that the source of infection was milk taken while on holiday in a southern county. Investigation led to the discovery of an infected herd in that area.

*Case* 4.

Boy aged 18 months. This child had a negative patch test at 13 months but because of a persistent cold and cough a repeat test was applied six months later. Investigation revealed that the child had had close contact with one of his father's employees who, on examination, was found to have a positive sputum and who required hospital treatment.

*Case* 5.

Girl aged 3 years 1 month. A jelly patch had been negative at 2 years. Chest X-ray showed no active lesion. Child kept under supervision and contacts examined. No source of infection was found.

Thus, the value of routine jelly testing has been demonstrated in 1961. It allowed treatment in five cases under four years to be instituted at a very early stage, supervision and treatment of contacts in two instances and the investigation of a herd of cattle later found to be affected.

**Loan of test feeding scales**

Accurate scales are loaned to mothers with breast feeding problems for use at home at the request of general practitioner, clinic doctor, health visitor or midwife. This occurred on 177 occasions in 1961.

### (*d*) Food and medicaments

National Welfare Foods are distributed during office hours at a central distribution centre at the Health Department as well as at every child welfare clinic session.

The number of items distributed during the year (with 1960 figures for comparison) was as follows:—

| | At Health Department | | At Clinics | | Total | |
|---|---|---|---|---|---|---|
| | 1960 | 1961 | 1960 | 1961 | 1960 | 1961 |
| Tins of National Dried Milk ... ... ... | 11,531 | 11,488 | 22,455 | 22,035 | 33,986 | 33,523 |
| Bottles of National Cod-liver Oil Compound... | 1,649 | 1,073 | 5,164 | 2,567 | 6,813 | 3,640 |
| Bottles of Concentrated Orange Juice ... | 17,268 | 11,539 | 41,217 | 30,845 | 58,485 | 42,384 |
| Packets of Vitamin and Mineral tablets ... | 2,711 | 2,053 | 4,102 | 3,534 | 6,813 | 5,587 |
| | 33,159 | 26,153 | 72,938 | 58,981 | 106,097 | 85,134 |

(These figures do not include items issued to hospitals or other institutions.)

The revised increased charges for vitamin preparations announced by the Ministry of Health were introduced in June, and by the end of the year the amount of Cod Liver Oil and Orange Juice distributed had dropped considerably. In comparison with 1960, the uptake of cod liver oil and orange juice dropped by a half and a third respectively during 1961.

The vitamins contained in these preparations are given to prevent rickets and scurvy, two diseases which are rarely seen in an overt form nowadays, in children in this country because of the improvement in the national diet and a better knowledge of infant feeding. Nevertheless, too much reliance is often placed on babies' tinned foods instead of good home cooking, and on the various commercial fruit juices, whose vitamin content is often quite inadequate for the growing child. It is possible that many children do receive an adequate vitamin intake but it is the child in the family living above National Assistance level who requires careful watching as also the handicapped child with special feeding problems.

**Radio active iodine in milk**

In accordance with Ministry of Health Circular 29/61 concerning Russian Nuclear Tests and the possible contamination of liquid milk, arrangements were made for the distribution of evaporated and dried milk to all children under the age of one year resident in the City. The supply of milk for two weeks would be received at two main centres and then distributed to a further six centres should the need arise.

### (*e*) Teaching

Medical students from the Radcliffe Infirmary, during their paediatric training, each attend four sessions at child welfare clinics in order to receive instruction in child care, infant feeding and the various prophylactic procedures. The visits are preceded by two lectures on infant feeding given by the Senior Assistant Medical Officer for Maternity and Child Welfare.

General practitioners attending post graduate courses organised by the Post-Graduate Medical School, may also attend a child welfare clinic.

Student health visitors, pupil midwives and student district nurses also attend for instruction in child care.

Opportunity for discussing problems and keeping in touch with current paediatric practice is provided by the post-graduate paediatric ward-rounds which any assistant medical officer may attend on Saturday mornings.

### 3. Examination of Infants prior to Placement for Adoption. (Dr. Wallis)

The Children's Department, acting in their capacity of Adoption Agency, have enlisted the help of the Health Department in connection with the examination of children whom they intend to place with prospective adopters. The majority of these babies are not on the permanent list of any general practitioner prior to adoption because of the short period of time involved. It is felt that all children who are to be adopted should be thoroughly examined medically so that adopting parents can know of any detectable physical or mental abnormality in the child they intend to take into their family. It is not fully realised by the public at large that many disabling conditions such as mental defect, deafness and cerebral palsy are not diagnosable in the very young infant in the majority of cases, and as the majority of infants being placed are under 3 months old, the limitations of the examination must be explained to the prospective adopters or to the person responsible for arranging the placement, as well as any defect found being brought to their notice.

The Health Department carried out 22 examinations in respect of 20 children for the Children's Department in 1961. In addition 4 children were brought for examination by the Social Worker for the Oxford Moral Welfare Association. The majority of infants from the latter source are examined as part of the work connected with the Mother and Baby Hostel, and these children were additional to those from the Hostel.

### 4. The early ascertainment of handicapped children

Since June, 1954, the Senior Assistant Medical Officer for Maternity and Child Welfare has kept a register of potentially handicapped babies. Initial notification is done by the health visitors and the progress and needs of each case are discussed at intervals by the Senior Assistant Medical Officer and the health visitors concerned. It is hoped that in this way the Department's contribution to providing support for the parents of these children can be ensured.

Information about these children is passed to the School Health Service or to the Mental Welfare Section when it becomes clear that some special action will have to be taken. In this way it is hoped to ensure that no handicapped child reaches school age without previous assessment of his special needs.

During the year 11 new cases were registered. The nature of the handicap was as follows:—

| | |
|---|---|
| Deafness .. .. .. .. .. .. | 1 |
| Frequent chest infections .. .. .. | 1 |
| General retardation .. .. .. .. | 4 |
| Mental retardation .. .. .. .. | 2 |
| Spasticity .. .. .. .. .. .. | 3 |

At the end of the year one child was attending the Spastic's Centre, the rest were receiving adequate home care.

## 5. Ascertainment of deafness in young children

Developments which have taken place in recent years have emphasized the importance of diagnosing deafness at a very early age, for it is now recognised that most deaf children possess some residual hearing and therefore the sooner appropriate medical and educational measures can be provided the greater will be the prospects of success. Consideration is now being given to the keeping of a register of children who are considered to be "at risk" in this respect and of training health visitors to carry out screening tests of children in this group.

## 6. Accidental poisoning

We are indebted to Dr. M. E. R. Stoneman, locum senior paediatric registrar at the Radcliffe Infirmary for the following report of children admitted to hospital during the year for suspected accidental poisoning:—

"In 1961, 79 children were admitted to the Radcliffe Infirmary following the ingestion of poisonous substances, 40 of whom came from the Oxford City area.

The poisons taken fell into 3 main groups, drugs accounting for the largest group of 38 cases, followed closely by household substances and pest-killers (28 cases), 13 children had eaten naturally-occurring substances such as berries and toadstools. Only 4 of the children were over the age of 4 years and the oldest, a child of 6, was known to be mentally retarded. Children were frequently admitted in pairs, having shared their poisonous berries or tablets with their playmates.

Poisoning by berries naturally occurred in late summer and autumn and there was also a seasonal incidence in some cases of poisoning by household substances, all 4 cases of mothball poisoning occurring in March and April and all the cases of poisoning by turpentine between May and July. Poisoning by frequently used substances such as paraffin, disinfectants and bleach occurred throughout the year, as did poisoning by drugs.

The extraordinary tastes of some small children can be illustrated by the case of a child of 1 year who ate half of a firelighter containing paraffin

and creosote, and others who ate putty, match heads, rat poison and slug bait. The ingenuity of some toddlers can be illustrated by the case of a child of 2 years and 4 months who climbed on a chair and then on to a cupboard to reach a box of insecticide tablets from a shelf 8 feet above the ground.

The most important group is that of poisoning by drugs, not only because it is the largest numerically, but because it should be the most easily preventable. Tablets and capsules which look like sweets are the greatest hazard and accounted for poisoning for ferrous sulphate, tranquillisers, anti-histamines, sedatives and laxatives. Attractively flavoured cough linctuses and elixirs containing such potent drugs as promethazine are also a temptation. It cannot be too firmly stressed that all such drugs should be kept in a locked cupboard when there are young children in the house.

The danger of improperly-labelled bottles must also be stressed. In one case the poison was accidentally administered by the parents. A baby aged 8 months was fretful while teething was given 2 tablets from a bottle labelled "aspirin" in the belief that they were junior aspirin. When he became even more restless it was discovered that the tablets were dextro-amphetamine sulphate which had been left behind by a visitor who was on a slimming regime.

The most worrying cases were one of ferrous sulphate poisoning and one of paraffin inhalation pneumonia, but fortunately all the children recovered. Although the number of cases is smaller than in 1960, a consideration of the suffering caused to the children concerned, the wastage of hospital beds and the number of hours spent by busy house-physicians in washing-out children's stomachs must leave one feeling far from complacent."

## 6. Infant deaths in 1961

| CAUSES OF DEATH | WEEKS | | | | Total | MONTHS | | | | Grand Total | Died in institutions |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 0-1 | 1- | 2- | 3-4 | | 1- | 3- | 6- | 9-12 | | |
| Prematurity and atelectasis | 2 | — | — | — | 2 | — | — | — | — | 2 | 2 |
| Prematurity and oesophageal fistula | 1 | — | — | — | 1 | — | — | — | — | 1 | 1 |
| Prematurity and congenital heart disease | 2 | — | — | — | 2 | — | — | — | — | 2 | 2 |
| Prematurity and multiple congenital abnormalities | 1 | — | — | — | 1 | — | — | — | — | 1 | 1 |
| Intracranial haemorrhage | 2 | — | — | — | 2 | — | — | — | — | 2 | 2 |
| Intracranial haemorrhage and congenital heart disease | — | — | — | — | — | — | 1 | — | — | 1 | 1 |
| Congenital heart disease | 1 | — | — | — | 1 | 1 | — | — | — | 2 | — |
| Subdural haemorrhage | 1 | — | — | — | 1 | — | — | — | — | 1 | — |
| Asphyxia and diaphragmatic hernia | 1 | — | — | — | 1 | — | — | — | — | 1 | — |
| Intrauterine asphyxia | 1 | — | — | — | 1 | — | — | — | — | 1 | 1 |
| Intrauterine pneumonia | 1 | — | — | — | 1 | — | — | — | — | 1 | 1 |
| Meningitis | — | — | 1 | — | 1 | — | — | — | — | 1 | 1 |
| Meningomyelocele | — | 1 | 1 | — | 2 | — | — | — | 1 | 3 | 2 |
| Congenital Hydrocephalus | — | — | — | — | — | 1 | — | 1 | — | 2 | 2 |
| Anencephaly | 1 | — | — | — | 1 | — | — | — | — | 1 | 1 |
| Acute bronchiolitis | 1 | — | — | — | 1 | 1 | 1 | 2 | — | 5 | 1 |
| Acute bronchiolitis and arthrogyposis multiplex congenita | — | — | — | — | — | 1 | — | — | — | 1 | 1 |
| Pneumonia and osteogenesis imperfecta | — | — | — | 1 | 1 | — | — | — | — | 1 | 1 |
| Convulsions and gastro-enteritis | — | — | — | — | — | — | — | — | 1 | 1 | 1 |
| | 15 | 1 | 2 | 1 | 19 | 4 | 2 | 3 | 2 | 30 | 21 |

**Comments**

The 30 deaths of infants under 1 year represents an infant mortality rate of 17.61 compared with the national figure of 21.4.

Neonatal deaths accounted for two-thirds of the total infant deaths, many of them occurring within the first few hours of life.

Congenital defects again ranked high as a cause of death—being responsible for 18 of the 30 deaths. While research into both the genetic and environmental basis of congenital abnormalities is proceeding, their prevention represents an important challenge for the future.

Of the 7 deaths due to infection after the neonatal period, it is probable that only 3 were in children normal at birth.

## 7. Nurseries

### (a) Day Nurseries

The two day nurseries continued to provide a much appreciated service for the needs of children under the age of 3 years, who cannot be cared for adequately in their own homes, because of some special difficulty.

The decision to admit a child is the responsibility of one of the assistant medical officers of health who investigates the case fully and sanctions admission only if it is considered to be in the best interests of the child.

Reasons for admission of new children during 1961 were as follows:—

| | *Botley Road* | *Florence Park* |
|---|---|---|
| Bad housing conditions .. .. | 1 | 1 |
| Doctor's recommendation .. .. | 7 | 7 |
| Illegitimate children .. .. .. | 11 | 9 |
| Illness of parent .. .. .. | 3 | 2 |
| Parents separated .. .. .. | 8 | 7 |
| Mother widowed .. .. .. | — | 3 |
| Total admitted .. .. .. | 30 | 29 |

In comparison with last year, there were fewer children admitted because of "bad housing", but there was an increase in the number admitted on "doctor's recommendation". Such cases include rest for the expectant mother, particularly in the latter weeks of pregnancy; emotional stress in the mother, and for observation purposes when certain features throw doubt on a child's physical or mental development.

Details of attendances and staffing during the year are given in the following table:—

| | No. of places available at end of year | No. of admissions during year | | No. on register at end of year | | Average daily attendance | | Number on staff at end of year |
|---|---|---|---|---|---|---|---|---|
| | | Under 2 yrs. | Over 2 yrs. | Under 2 yrs. | Over 2 yrs. | Under 2 yrs. | Over 2 yrs. | |
| Botley Road | 30 | 19 | 11 | 13 | 12 | 11.52 | 10.95 | 4 |
| Florence Park | 30 | 23 | 6 | 13 | 14 | 11.30 | 8.69 | 4 |

**Comments**

The nurseries are visited weekly by the same assistant medical officer of health who supervises the health and welfare of the children, and, with the written consent of the mothers, carries out any immunisation procedures where necessary.

In spite of the outbreak of measles in the City which started in 1960 and continued well into 1961, both nurseries escaped the epidemic.

The maximum charge of a child's maintenance at the nursery was 12/9 per day. Parents are assessed according to income subject to a minimum charge of 1/- per day.

The following table shows the assessments for children on the register at 31st December, 1961:—

| *Assessed to pay* | *Botley Road* | *Florence Park* |
|---|---|---|
| 12/9 per day (maximum) .. .. | 2 | 3 |
| 9/3 to 7/4 per day .. .. .. | 1 | 2 |
| 7/- to 4/- per day .. .. .. | 5 | 4 |
| 3/6 to 1/2 per day .. .. .. | 6 | 7 |
| 1/- (minimum) per day .. .. .. | 6 | 7 |
| *Children from other local authorities .. | 4 | 4 |
| | 24 | 27 |

*In these cases the County authority is responsible for the payment of the full cost.

Both nurseries provide training facilities for students attending the Education Department's course for the National Nursery Examination Board Certificate.

**(b) Nurseries and Child Minders Regulation Act 1948**

Details of registration under the Act are shown in the following table:

| | Number registered at 31.12.61 | Number of children provided for |
|---|---|---|
| Premises .. .. | 4 | 120 |

### (c) Red Cross Creche

Due to constant domestic difficulties occurring in the lives of the helpers, the creche, staffed by members of the British Red Cross Society, only opened 24 times during the year. The average attendance was 18.

The difficulty of obtaining regular help, together with some disadvantages in the new clinic premises resulted in the closure of the nursery after a life of 18 years.

## 8. Co-ordinating committee for children neglected or ill-treated in their own homes

The Committee, under the Chairmanship of the Children's Officer, met every six weeks during the year and a total of 52 families were discussed, many of them on several occasions. In addition, case conferences of the individual workers concerned, including the family doctor and health visitor, were held on a few special occasions.

The meetings are of value, in so far as information is pooled and an agreed policy regarding procedure reached. Whenever possible, co-ordinated action is aimed at obtaining the most effective help and guidance for the family under review.

## 9. Care of illegitimate children

There were 165 registered illegitimate live-births to Oxford residents in 1961. This represents 9.7% of all live-births compared with 8.8% in 1960 and 7.4% in 1959.

Of the 138 births which occurred in the City, there were 33 cases where the father and mother registered the birth together—so that in a fair proportion of cases the parents may be said to be living in "stable union". It is the woman without support who gives concern and in particular the very young girl whose extreme youth makes her incapable of supporting a child or appreciating the responsibility of motherhood.

The City Council, aware of the dangers inherent in such a situation for both mother and child, provides a mother and baby hostel for unmarried mothers who are homeless, and a special social worker to help the mothers of illegitimate children.

### Mother and Baby Hostel

Mothers are admitted at the request of various social workers when the need arises, either in pregnancy or when the baby is born.

When vacancies occur in excess of the needs of City mothers, cases are admitted from other Local Health Authorities, who are responsible for the full cost of maintenance (17 such cases were admitted in 1961).

There is an annexe, consisting of a single room and toilet facilities, which is intended for overnight emergency accommodation for a homeless woman with or without a baby. There were 17 admissions to the annexe during the year.

Admissions and discharges during the year (excluding the annexe) were as follows:—

| | *Admissions* | *Discharges* |
|---|---|---|
| Mothers .. .. .. .. .. | 45 | 45 |
| Babies .. .. .. .. .. | 39 | 38 |

The average length of stay was as follows:—

| | |
|---|---|
| Antenatal .. .. .. .. | 6 weeks |
| Postnatal .. .. | 7½ weeks |

The disposal of the 21 City mothers with illegitimate babies discharged during the year was as follows:—

| | |
|---|---|
| Discharged with every prospect of keeping baby and giving it adequate care (i.e. own home, resident post, marriage, etc.) .. | 11 |
| Mother to own home, baby to adopters .. .. .. .. | 3 |
| Mother to own home, baby to residential nursery .. .. .. | 2 |
| Mother to own home, baby taken into care by Children's Department .. .. .. .. .. .. .. .. | 1 |
| Mother to resident post, baby to adopters .. .. .. .. | 1 |
| Mother to resident post, baby to foster home .. .. .. | 1 |
| Mother to lodgings, baby to adopters .. .. .. .. | 1 |
| Mother to lodgings, baby to foster home .. .. .. .. | 1 |

**(ii) Provision of a special social worker**

The City Council pays an annual grant to the Oxford City Moral Welfare Association (£400) for the services of their moral welfare worker, who works in close co-operation with the Health Department and attends the monthly meetings of the House Committee which administers the hostel. We are grateful for the following report submitted by the worker, Miss C. C. Holman, for 1961:—

There were 85 new cases referred during 1961. Of these, 69 were illegitimacy problems, 9 "preventive", and 7 family problems. 55 cases referred in earlier years were also still being helped.

*Sources of reference*:—

| | |
|---|---|
| Health Department and General Practitioners | 30 |
| Almoners and other Social Workers | 13 |
| Relatives and friends | 18 |
| National Council for the Unmarried Mother and Her Child | 6 |
| Police | 6 |
| Employers | 5 |
| Clergy | 6 |
| Head Teacher | 1 |
| | 85 |

*Ages*:—

| *Maternity* | | *Preventive* | |
|---|---|---|---|
| 14 years | 0 | 14 years | 1 |
| 15 years | 4 | 15 years | 2 |
| 16 years | 3 | 16 years | 2 |
| 17 years | 8 | 17 years | 1 |
| 18—20 years | 26 | 18—20 years | 3 |
| 21—30 years | 22 | | |
| Over 30 years | 6 | | |

*Domicile*:—

| | |
|---|---|
| Home in area | 68 |
| Home elsewhere | 17 |

*Some facts about the illegitimacy cases*:—

*Marital status*:—

| | |
|---|---|
| Single | 62 |
| Married | 5 |
| Divorced | 2 |

*Occupations*:—

| | |
|---|---|
| Clerical | 15 |
| Telephonists and receptionists | 5 |
| Domestic and laundry workers | 11 |
| Factory | 9 |
| Assistant nurses and student nurses | 4 |

| | |
|---|---|
| Schoolgirls | 4 |
| Students | 2 |
| Housewives | 2 |
| Canteen, cinema, cashier, driver, tailoring, etc. | 7 |
| Shop assistants | 4 |
| Unemployed | 6 |

*Nationality*:—

| | |
|---|---|
| Great Britain | 59 |
| Eire | 2 |
| Austria | 2 |
| W. Indies | 4 |
| Spain | 1 |
| Latvia | 1 |

Eight women had had an illegitimate child previously. Of these, six had kept the first child, and two had the first child adopted. Of the six still responsible for their first child, three were living with their parents, two of them having tried to make an independent life in resident employment. Two others were West Indians, one having left her child with its maternal grandparents, and the other having the child with her in this country. The sixth was cohabiting with the father of her first child.

26 expectant mothers asked for admission to Homes either in the later stages of pregnancy or for a period after confinement. Of these, 13 were admitted to Clark's House, or booked for admission, and the remainder, at their particular request, to voluntary Homes away from Oxford, where they were fully responsible for their own maintenance. In one case, the Moral Welfare Association made a grant of £10 towards the cost. One girl from a European country, returned and was admitted to a Mother and Baby Home there.

25 mothers had their babies with them at the end of the year. Of these, 13 live with their parents or other relatives. Two (both married, but separated from their husbands) in homes of their own. Four are in lodgings, two in resident employment, and one cohabiting. Three married the putative father.

Two babies are being cared for in voluntary Homes. One is awaiting adoption when medically fit, and the other is a coloured child.

Eighteen babies have been placed for adoption. Two mothers had a stillborn child. In two cases the situation at the end of the year was not known to me. In the others, the babies has not been born by the end of the year.

*The fathers*

In 29 of the 69 cases, the father has taken some financial responsibility, either short or long term, and in three others, the men have promised financial help after the birth of the baby. There were 28 cases where either the present whereabouts of the man named was not known,

or the girl refused to identify him, or if she did so was unwilling for me to ask him for financial help on her behalf. Several were men from other countries who were said to have left England. In five cases some effort was made to get help from the man, but without success. In two of these he was seen but denied paternity. There are many instances in which the man needs a good deal of casework help, and every effort is made to spare the time for this as well as dealing with the financial aspect.

**The 55 cases referred in earlier years and still being helped**

30 of these mothers still have their child with them. Five are now married, but only one to the father of the child. Three others hope to be married soon. Five have established homes of their own in council accommodation, and one had found a flat. Another is in a furnished room, and three are in resident employment. The others all live in their parents' home.

In thirteen cases the child's father is giving financial support, four by affiliation orders, and eight by private agreement. One is cohabiting with the mother. Seven of the mothers receive regular grants from either Dr. Barnardo's Homes or the C. of E. Children's Society. These grants are administered by me, and regular reports sent to the Societies.

**Preventive cases**

In this category I place girls whose parents are concerned at the likelihood of their daughter being in moral danger. This usually means working both with the parents and the girl concerned. In several cases there is reason to believe that stability and family relationships have been improved.

**Family problems**

These cases usually involve considerable marital stress, and in several of them the family has been very near breakdown when referred. In some, personality defects and wide differences of temperament preclude the hope of real stability and happiness within the family, but casework help can assist in making the situation more bearable to the parties concerned, and an increased measure of understanding may lead to greater tolerance and goodwill between them. Home visiting is usually necessary, and separate interviews with husband and wife.

**Educational work**

I addressed twenty meetings during the year. Twelve audiences were church groups, nine being for women, one for men, and two for young people. Of the other meetings, three were for parents, the other being for senior school mistresses, health visitor students, school leavers, social workers and a group studying race relationships.

Apart from the speaking engagements, I attended a number of

meetings to discuss Health Education in Schools, Adoption, and Youth Work.

It often happens that there are so many claims upon one's time that it becomes difficult to decide what must have priority. Co-operation with many other social workers, the Health Department and the Children's Department must be maintained, and visits for discussion with clergy, doctors, teachers and such departments as the National Assistance Board, Ministry of National Insurance, and the Ministry of Labour are necessary. Helping people to find lodgings can take a great deal of time also. There can be no clearly defined limits to the boundaries of this kind of work, save only the needs of those who ask our help, and our ability to meet them.

# SECTION VI

## MATERNITY AND CHILD WELFARE DENTAL SERVICE

### The Report of the Chief Dental Officer

Treatment under the Maternity and Child Welfare scheme has increased about threefold during the year, compared with 1960. This is a welcome development; in particular, the increase in conservative treatment for pre-school children is encouraging.

The figures should not be taken to indicate an increased need for dental care amongst the under 5 years old children of the city, but a greater demand for it resulting from the more successful efforts of Health Visitors and others to persuade parents to take their children to the clinics at an early age. An important aim of dental health education should be to create the habit of regular visits to the dentist from the age of 3 years, and to encourage this trend to the full, priority is always given at the clinics to this group of children.

## (a) Numbers provided with dental care

| | Examined | Needing Treatment | Treated | Made dentally fit |
|---|---|---|---|---|
| Expectant and nursing mothers .. | 7 | 7 | 7 | 5 |
| Children under five .. .. .. | 34 | 24 | 24 | 18 |

## (b) Forms of dental treatment provided

| | Extractions | General anaesthetics | Fillings | No. of inlays | No. of crowns | Scalings and gum treatment | Radiographs | Silver nitrate treatment | Dentures | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | Complete | Partial |
| Expectant and nursing mothers | 4 | — | 8 | — | — | 1 | — | — | — | — |
| Children under five .. | 7 | — | 55 | — | — | — | — | 8 | — | — |

# SECTION VII

## MENTAL HEALTH

Report by G. F. Willson, M.D., D.P.H.,
Deputy Medical Officer of Health

### 1. Administration

#### (a) Mental Health Sub-Committee

Constitution of the Mental Health Sub-Committee of the Health Committee, which meets monthly, consists of 8 members of Council and 2 co-opted members.

#### (b) Staff

(i) *Medical*

The Medical Officer of Health has delegated to his Deputy the day-to-day supervision of the Section and the Deputy Medical Officer of Health attends the meetings of the Mental Health Sub-Committee.

(ii) *Non-Medical*

1 Senior Mental Welfare Officer (male), full-time;
3 Mental Welfare Officers (2 male, 1 female), full-time;
1 Clerical Assistant (female), full-time.

The Senior Mental Welfare Officer, Mr. A. Robertson, will be retiring in June, 1962, and we should like to take this opportunity of expressing our appreciation of the most valuable work which he has carried out during his 14 years in the Health Department. In his place we welcome Mr. D. A. Purrett who has already been with us as mental welfare officer since 1951. It is proposed to appoint a second female mental welfare officer to fill the vacancy left by the promotion of Mr. Purrett as there has been a disproportionate increase in the amount of supervision required by female patients during the past year or two.

The mental welfare officers undertake the social and community care for both subnormal and mentally ill patients. A rota of duty has been arranged so that one mental welfare officer is always available to deal with emergencies. There is an arrangement for mutual help between mental welfare officers of the City and County of Oxford to cover such factors as holidays and illness.

#### (c) Co-ordination with Hospitals

The Management Committees of Littlemore Hospital and of the Warneford and Park Hospitals each contain two members of the Mental Health Services Sub-Committee. The Medical Officer of Health is a member of the Warneford and Park Hospitals Management Committee and the Deputy Medical Officer of Health is a member of the Littlemore Hospital Management Committee.

The mental welfare officers have continued to attend regularly at out-patient clinics, case reviews and clinical meetings at the Warneford Hospital and we are most grateful to Dr. McInnes and his staff for making these facilities available.

The mental welfare officers have also continued to provide after-care for certain patients discharged from Littlemore Hospital at the request of the consultant concerned. At the invitation of Dr. B. M. Mandelbrote mental welfare officers and health visitors are able to attend regularly at case conferences and are also free to visit at any time patients in whom they have a particular interest. Knowledge is thus gained of patients for whom after-care may have to be provided in the future, and information can be exchanged with regard to the social background of patients being considered for discharge.

**(d) Duties delegated to Voluntary Associations**

No duty of the local authority has been delegated to voluntary associations.

The City Council continues to make a grant to the Oxford Voluntary Association for Mental Health and has also made a grant to the National Association for Mental Health.

**(e) Training of Mental Welfare Officers**

A most important aspect of this training has been considered in paragraph (*c*) above. There is no doubt that the close degree of co-operation now being achieved between the local authority and psychiatric hospitals, resulting in a friendly and informal association with psychiatrists and many other hospital workers, is most beneficial. More thorough participation in the care of the mentally disordered stimulates interest and leads to increase in knowledge and efficiency.

In addition, the senior mental welfare officer attended the annual conference of the Federation of Associations of Mental Health Workers and another officer attended an Induction course arranged by the National Association for Mental Health.

## 2. Account of Work undertaken in the Community

### A. Under section 28, National Health Service Act, 1946

*Prevention, care and after-care.*

The scope of this work is increasing steadily as a result of the increased emphasis on community care brought about by the Mental Health Act, 1959. At the request of the family doctor, the mental welfare officers visit patients in their homes to establish friendly relations and to estimate the extent and nature of the help required. Should the patient be admitted to hospital the previous establishment of a good relationship with the mental welfare officers is of great value when the patient is discharged and in need of further assistance. The amount of supervisory work

increases both because many persons mentally ill are now treated as out-patients and because of the much more rapid turnover of patients admitted to hospital. Earlier and more effective treatment in hospital is lessening the need for prolonged care and the active rehabilitation of the long stay patients is making an increasing number of them fit for care in the community. Responsibility for this care is divided between the hospital psychiatric social workers and the local authority mental welfare officers by mutual arrangement according to the type of case involved.

**B. The Mentally Ill**

(i) *Patients admitted and discharged from hospital.*

| Admissions | 1961 |
|---|---|
| Section 25 (admission for observation on 2 medical certificates) | 44 |
| Section 26 (admission for treatment on 2 medical certificates) | 12 |
| Section 29 (emergency admission on 1 medical certificate) .. | 58 |
| Section 60 (admission via a court of assize or quarter sessions) | 5 |
| Informal .. .. .. .. .. .. .. .. | 393 |
| | 512 |

Direct comparison with previous years is not possible as the Mental Health Act, 1959, only became fully operative from the end of October, 1960. Certain trends are, however, readily apparent.

There has been a substantial rise in the total number of admissions as the following figures show:

| 1952 | 1953 | 1954 | 1955 | 1956 | 1957 | 1958 | 1959 | 1960 | 1961 |
|---|---|---|---|---|---|---|---|---|---|
| 261 | 291 | 327 | 369 | 406 | 414 | 381 | 346 | 313 | 496 |

The total number of patients admitted under compulsion during 1961 was 119, almost exactly the same figure as the 122 recorded the previous year. It is clear, therefore, that the excess admissions in comparison with earlier years is due to the greater number of informal patients being admitted. There is an increasing tendency for patients to be admitted to hospital for short periods of treatment after which they are discharged home. Some patients are therefore admitted for short periods on a number of occasions and, in fact, during 1961, 61 City patients (18% of the total admissions) had been in hospital during the previous 12 months at the time of their admission to Littlemore Hospital.

**Discharges**

A total of 447 City patients are recorded as having been discharged from hospital during the year compared with the total of 496 admissions. (This figure includes 10 deaths). At the end of the year 237 persons (105 male and 132 female) who had been discharged from hospital were being supervised by the mental welfare officers.

**(ii) Old Age and Mental Illness**

The number of admissions of persons over the age of 60 was 61 compared with 52 admissions the previous year. They may be classified as follows:—

| | *Number of Admissions* |
|---|---|
| 60 to 69 years .. .. .. | 35 |
| 70 to 79 years .. .. .. | 20 |
| Over 80 years .. .. .. | 6 |

Of the total, 43 were admitted as informal patients and 18 as emergency admissions under compulsion.

As explained in last year's Report it is hoped to absorb most of the old people from Littlemore Hospital, those who no longer require hospital care but have not suitable homes to which they can go, into Part III accommodation. This plan has been hampered by the shortage of such accommodation but a start was recently made when a new home was opened at Cutteslowe in March, 1962. As the building programme for such homes is developed over the next 2 or 3 years there should be no difficulty in admitting suitable hospital patients without undue delay. The retention of such cases in welfare homes is, of course, dependent upon their being easily assimilated without prejudice to others living there. Should there be at any time in the future a build-up of old persons exhibiting tiresome behaviour disorders then it might prove necessary to consider their segregation in a separate home.

**C. Subnormality**

**(i) Ascertainment**

During the year 18 new cases were added to the register. 14 of them were reported by the Education Committee, 7 having been ascertained as incapable of receiving education at school and 7 as being in need of supervision after leaving school.

The waiting lists for institutional accommodation at the end of 1961 compared with previous years are:—

| | 1961 | 1960 | 1959 | 1958 | 1957 | 1956 |
|---|---|---|---|---|---|---|
| Children under 5 .. | 1 | 2 | 3 | 1 | 1 | 0 |
| Children 5—15 .. .. | 5 | 6 | 2 | 3 | 3 | 1 |
| Adults .. .. .. | 7 | 9 | 7 | 6 | 7 | 5 |

**(ii) Guardianship and Supervision**

At the end of the year 8 cases remained under guardianship. At the same time 102 were being kept under supervision by the mental welfare officers.

**(iii) Discharge of Subnormal Patients**

During the year 22 Oxford City cases (14 male and 8 female) were discharged from order. Of these 3 males and 2 females remained in

hospital as informal patients and the remainder are being supervised by the mental welfare officers. This supervision comes at a crucial period when the patients are being rehabilitated into the life of the community and may involve help in finding suitable lodgings or a suitable job, advice on the purchase of clothing and encouragement to save regularly besides help with other difficulties experienced on return to normal life.

**(iv) The Training Centre**

At the end of the year 62 children and adults were attending the Training Centre, 3 more than in the previous year and 16 more than in 1959. The total was made up of 44 Oxford City cases and 9 each from Oxfordshire and Berkshire. There is a good deal of congestion, particularly at the lower end of the school, and plans for dealing with this are mentioned in the section dealing with future development.

The Centre staff consists of 1 supervisor (female) and 5 assistant supervisors (4 female and 1 male).

The senior girls enjoy domestic training and use their electric washing machine and electric cooker to the full.

Once more it has been found very difficult to find remunerative industrial work suitable to be undertaken by the more capable persons. Such work when found is often temporary owing to trade fluctuations, and periods of activity may be followed by long periods in which there is little to be done apart from bundling firewood. Work suitable for the females remains the most difficult to find.

With the help of the Parents' Association 26 children together with 4 staff went on the annual holiday to Bognor Regis during the last fortnight of April. Those unable to visit Bognor had two outings arranged for them, one a visit to Battersea Park and the other a trip to Southsea. As a result of the efforts of the Association and Centre staff, the profits of the annual jumble sale and of the sale of work amounted to £20 and £100 respectively. The pupils of Littlemore Grammar School also contributed £11 2*s*. 0*d*. to the fund and some of the senior girls from this school provided most valuable help at the sale of work. As a result of a national appeal on television towards the end of the year a cheque for £50 has recently been received. As in previous years helpful grants were also contributed by the City Council and the City magistrates.

Meetings of the recently formed Oxford and District Branch of the National Society for Mentally Handicapped Children are attended by a number of parents and staff from the Training Centre.

## (vi) Institutional Care

| *No. in Institutions within the Region* | *M.* | *F.* | |
|---|---|---|---|
| Borocourt | 20 | 27 | |
| Cumnor Rise | — | 10 | |
| Smith's Hospital, Henley | 2 | 2 | |
| Style Acre, nr. Wallingford | 4 | — | |
| Wayland Hospital | — | 11 | |
| Bradwell Grove Hospital | 16 | 1 | |
| Cotshill Hospital | 5 | 4 | |
| Northview Hospital | — | 4 | |
| Pewsey Hospital | 7 | 6 | |
| West Stowell House | 1 | — | |
| Purley Park, Reading | 2 | — | |
| | — | — | |
| | 57 | 65 | 122 |
| On licence from Borocourt | 3 | 4 | |
| On licence from Pewsey | 2 | | |
| | — | — | |
| | 62 | 69 | 131 |

| *No. in Institutions outside the Region* | *M.* | *F.* | |
|---|---|---|---|
| St. Mary's Home, Alton | — | 1 | |
| St. Mary's Home, Buxted | — | 2 | |
| St. John's Hostel, Camberwell | — | 1 | |
| Aylesbury, The Manor House | 3 | 5 | |
| Aylesbury, Tindal General Hospital | — | 1 | |
| Barvin Park, Potters Bar | 4 | — | |
| Botleys Park Surrey | — | 1 | |
| Bristol, Brentry Colony | 1 | — | |
| Bristol, Hortham Colony | — | 1 | |
| Bristol, Stoke Park Colony | 3 | 2 | |
| Buntingford | 5 | — | |
| Cell Barnes Colony | 1 | 1 | |
| Easthampstead | 1 | — | |
| Etlow House | — | 2 | |
| Darenth Park | — | 1 | |
| Leybourne Grange Colony | 1 | — | |
| Little Plumstead Hospital, Kent | 1 | — | |
| Lisieux Hall | 1 | — | |
| St. Joseph's School, Sheffield | — | 1 | |
| Stallington Hall, Stoke-on-Trent | 1 | — | |
| Stourbridge, Sunfield Children's Home | 1 | — | |
| Wellington, Sunshine Home | 1 | — | |
| State Institutions for Dangerous Defectives | 4 | 4 | |
| Warwick State Institution | — | 1 | |
| | — | — | |
| Total | 28 | 24 | 52 |

## D. Future Developments

### 1. Hostel for subnormal children

A hostel for 20 children up to the age of 16 is shortly to be built on land adjoining the Training Centre. This will, in the main, be for the reception of children who could attend the Centre but who are not able, for various reasons, to live at home. It will also be used for the temporary admission of children who normally live at home in order to give their parents a rest or holiday. Children in care of the Children's Committee who, because of subnormality, are not suitable for retention in an ordinary children's home would also be admitted.

### 2. Hostel for subnormal males

Premises are being sought for use as a hostel for subnormal youths and young adults who are able to work but who are unable to live at home. It is unfortunately proving extremely difficult to find such accommodation in Oxford and the houses of sufficient size so far discovered have all eluded our grasp for one reason or another.

### 3. Senior Training Centre

Plans are being prepared for the erection of a Senior Training Centre on a site adjoining the present Centre. This will provide places for up to 40 adults for many of whom it is hoped that suitable remunerative work will be found. A dining room will be provided, the midday meal being sent across from the kitchen attached to the present Centre.

### 4. Junior Training Centre

The present Centre will be reorganised as a Junior Training Centre which will cater for children of all ages up to about 16. This will satisfy the present need for facilities for children under 5. A special care unit will be incorporated in this Centre so that it is possible to deal with a limited number of severely subnormal children or any with particular handicaps which make it inappropriate or difficult to deal with them alongside the higher grade children attending the Centre.

### 5. Hostel for the Mentally Ill

Plans are now being made for a hostel to accommodate up to 30 persons of both sexes who have been mentally ill, to be built on land adjoining the Warneford and Park Hospitals. The great majority of patients admitted to this hostel are likely to be transferred from mental hospitals and will be those who no longer require hospital treatment or management but whom it has not been possible to establish independently in the community. Some will be capable of holding jobs, others will not be able to do more than participate in a programme of activities arranged for them under supervision. All are likely to be very long stay cases as most of those capable of achieving independence will have been sieved off by previous admission to the half-way houses attached to Littlemore Hospital.

# SECTION VIII

## WELFARE SERVICES

Report by J. C. Davenport
Chief Welfare Services Officer

The City Council has delegated to the Health Committee its functions under the National Assistance Act, 1948, and the Welfare Services Sub-Committee meets monthly to deal with the administration of the Welfare Services of the City. Duties in relation to the management of residential accommodation provided under Section 21 of the Act are delegated to a House Section of the Welfare Services Sub-Committee.

### (1) General Welfare arrangements for the Aged and Infirm

The general welfare of aged and infirm persons living in the City has received the continuous attention of the Welfare Services Officers, who have rendered invaluable services in ensuring early attention to the many and varied problems which confront the elderly, especially those who live alone. The services, advice and guidance made available have been very gratefully received. Very often the problems do not appear to be too difficult when presented to a person who has a reasonable knowledge of the local and national benefits which are available, but to an elderly person, who is not an active member of the community, and who is not well informed of the current developments in the Social Services, these problems can be a source of anxiety. The solution of these problems makes a considerable difference to the well-being and contentment of the elderly.

There is no doubt that the domiciliary welfare responsibilities of Local Authorities are continually growing, and whether these services are carried out as a direct service of the Authority, or through voluntary channels, the overall responsibility for ensuring that the services are available rests with the Local Authority. The opportunity which is open to voluntary effort in regard to the domiciliary social aspects of the welfare of old people is wide, and in Oxford it has been the continued policy of the Council to encourage voluntary bodies in their endeavours, in the belief that voluntary enterprise can exert its maximum effort if it is undertaken in collaboration with the official authorities.

One of the most useful services which can be undertaken by voluntary workers is the regular social visiting of the elderly, particularly those who spend many hours each day alone in a home, and who are unable either through physical or geographical obstacles to attend one of the many old people's Clubs in the City. Such work provides a most beneficial service, as in addition to relieving loneliness and helping with day to day necessities, shopping, etc., ensures a ready source of information to the Local Authority who can be kept informed of any change of circumstances which may necessitate their assistance to alleviate hardship, and to prevent a crisis occurring.

The Local Authority have continued their policy of designing and providing residential accommodation for the more infirm, and a further sixty bedded Home of this type is due to be handed over very early in 1962, making a total of four new Homes in the past five years, and an overall total of 306 beds, of which 240 are designed to accommodate the more infirm in single or double units, together with 20 beds for the more infirm in four bedded units. Future Homes, with sites already allocated, are planned for Botley Road, Iffley Turn and Blackbird Leys, and negotiations are proceeding to acquire sites in the St. Barnabas, St. Clement's and South Oxford areas.

The completion of this programme will provide a Home for the aged and infirm in each district of the City. The siting of Homes in this pattern will enable the Council to provide residential care for old people in the same area in which they may have lived for many years, and will have that added benefit of permitting the resident to retain an interest in an outdoor community with which he is familiar.

The Homes are envisaged also as centres of interest and aid to old people living in their own homes, and during 1961 it has been possible to implement this policy by the provision of help with bathing, assistance in emergencies from the staff at the Homes and by social gatherings. Three of the sixty bedded Homes ended 1961 by providing a Christmas dinner for nearly 200 old persons from outside the Homes, followed by an evening's entertainment, the necessary finance being provided from the welfare funds of the Homes. These parties, in which our own residents joined, were greatly appreciated. The guests were either on the waiting list for admission, or likely to be future residents or in need of domiciliary help. Mention must be made of the great amount of voluntary help from kitchen workers, car drivers and entertainers who assisted in these efforts. The helpers were drawn from the Churches, Schools, Community Centres and households in the vicinity of the Home, and the work they did not only made a contribution to the enjoyment of the guests, but served as a means of stimulating their interest in caring for the elderly of their community.

The meals on wheels service has continued to expand and it has been necessary to purchase additional equipment to meet the ever growing demand.

The improved meal and special containers have made a tremendous contribution to the success of this work, and there is no doubt that the availability of the service on five days each week has been, and is, of immense benefit to the recipients, and has made the service into one of the most important domiciliary welfare services in the City.

During the year, the Welfare Officers made a total of 8,736 visits to persons in need of assistance. A considerable amount of routine visiting is undertaken by nearly one hundred voluntary visitors who work under the direction of the Council of Social Service scheme, with whom the Local Authority have close links. It has been necessary for a large part

of domiciliary welfare work to be carried on outside normal office hours, in order to meet relatives and friends and to advise and assist in the solution of problems. This work has been carried out most willingly by the Welfare Officers. As a result of this work, a total of approximately 1,500 aged and handicapped persons have received help and assistance from the Local Authority Welfare Services. This total represents roughly one in ten of all persons of pensionable age living in the City. Naturally, the greatest amount of assistance is required by the very old, and it is amongst this age group that the work is concentrated.

Quite a number of old people in the City have spent an apprehensive year due to insecurity in their tenancies of houses and rooms in areas where the property was affected either by the Rent Act or the expiration of lease and re-development of the area. The Welfare Officers have spent a great deal of time and effort in helping these elderly persons to obtain security of tenure, by advice in relation to finance which was available to them and assisting them by negotiating on their behalf with landlords and prospective landlords. It was necessary in two cases only to admit to Part III accommodation, and in both instances the admission was effected because the persons concerned were in need of care and attention and were unable to continue living in any other than sheltered conditions.

The waiting list for Part III accommodation has again shown an increase, and we have been hard pressed throughout the year to fulfil our obligations, but it is pleasing to note that in spite of this continued emergency state it has been possible to continue the "holiday" service which has operated for the past nine years, and during four months of the summer and early autumn, ten beds were made available to ensure that this service was able to accommodate approximately 80 persons for short stays.

**(2) Residential accommodation**

The hope expressed in last year's report concerning The Laurels was not realised during 1961, but it is pleasing to say that by the end of February, 1962, The Laurels had ceased to be used as residential accommodation for old people.

An opportunity has been taken during the year to make a statistical summary of persons accommodated in our Homes. The average age of all residents has been approximately eighty-five years, and the average age at admission, slightly over eighty years. Surveys taken during the year have revealed that of those residents aged eighty-five years and over, seven out of ten were either confused in varying degrees and/or incontinent. Of the group under eighty-five years of age, this ratio was considerably reduced, a ratio of one in ten being either incontinent or confused. What is pleasing to relate is that a number of persons who were confused to a slight degree on admission improved considerably once they settled in and obtained the benefit of security.

In each Home the residents are assessed to pay for their accommoda-

tion in accordance with Schedule II of the National Assistance Act, 1948, and each retains a minimum of 11/6 per week for pocket money. Occupational Therapists visit each Home and instruct those residents who so desire to follow some pastime craft, and there has been a very encouraging response to this service. At one Home, a number of old ladies spend their time knitting blankets which are then given either to old people in this area, or sent to Oxfam. Another Home devotes its energies to more personally remunerative fields and produces household articles such as shawls, dishcloths, scarves, socks and gloves which are sold either by personal contact or through the medium of our retail shop. Yet another devotes its energies towards making articles for the use of themselves and other residents in the Home.

Each Home now has the benefit of cinematograph shows provided by a modern projector which was purchased by the Council from funds made available by the discontinuance of the tobacco issue. Whereas less than seventy persons were deriving benefit from tobacco, every resident now has the benefit of regular entertainment. Our thanks are due to Mr. Swain, husband of the Matron of Marston Court, who devotes a great deal of his time and effort in doing the manual and technical work in producing this greatly appreciated entertainment.

Each Home has developed its own individuality and place in the neighbourhood, and it can be said with the greatest of confidence that the old people are living a very happy life.

**Admission Table** (excluding holiday cases)

| | *New Admissions* | *Discharges to Hospital* | *Deaths* |
|---|---|---|---|
| The Laurels .. .. | 10 | 12 | 3 |
| Barton End .. .. | 11 | 14 | 4 |
| Frilford House .. .. | 14 | 10 | 1 |
| Townsend House .. | 9 | 12 | 2 |
| Shotover View .. .. | 28 | 13 | 4 |
| Marston Court .. .. | 20 | 15 | 5 |
| Totals .. .. | 92 | 76 | 19 |

The demand for short-stay accommodation continues to increase. 80 cases were admitted during the year, this was either to give them a much needed rest from their own domestic responsibilities or to enable the old people's relatives to take a holiday.

It is evident that this is a facility that is greatly appreciated, particularly by those relatives who would otherwise be completely tied throughout the year.

**Voluntary Homes**

The following Voluntary Homes are registered with the Local Authority for the care of aged and disabled persons:

*Aged and Disabled*

| | |
|---|---|
| Nazareth Home, Cowley Road .. .. .. | 24 females |
| | 9 males |

*Aged*

| | |
|---|---|
| St. Basil's Home, 239 Iffley Road .. .. .. | 26 females |
| Elizabeth Nuffield Home, 165 Banbury Road .. | 24 females |
| Council of Social Service Home, 115 Banbury Road | 21 persons |
| British Red Cross Society Home, 107 Banbury Road | 20 females |
| Miss E. Afford, 12/13 Walton Street .. .. .. | 5 females |
| Mrs. Guise-Thompson, 2 Hernes Road .. .. | 5 persons |
| Mrs. E. Best, 31 Stanley Road .. .. .. | 6 persons |

The agreements made with the following Homes to place accommodation at the disposal of the Authority continues:

| | |
|---|---|
| St. Basil's Home .. .. .. .. .. | 4 residents |
| Nazareth Home .. .. .. .. .. | 4 residents |

This accommodation has been used throughout the year, and has been of great assistance to the Authority owing to the continued shortage of accommodation. The City Council has accepted responsibility for the augmentation of income to enable the following persons to reside in accommodation provided by voluntary societies:—

10 persons in St. Basil's Home
6 persons in Nazareth Home
1 person in St. John's Nursing Home
10 persons in British Red Cross Society Homes
27 persons in other Voluntary Homes
3 persons in Homes for the Blind.

In a similar way, by arrangement with other Local Authorities, the City Council has accepted the financial responsibility for the following:—

1 person in London County Council Homes
6 persons in Oxfordshire County Council Homes.

**Temporary accommodation**

The hut at Fourth Avenue, Slade Park, allocated to the Health Committee by the Housing Committee was adapted and handed over in the summer of 1961, and towards the end of the year the Wardens (man and wife) took up residence and the first of our homeless families (a family with eight children) was admitted.

Almost at once, under the guidance of the Wardens, the family improved both in appearance and housekeeping, and at the time of writing have attained a standard which, if maintained, would make them satisfactory tenants of a house. The mother has been assisted in general housekeeping and budgeting, and persuaded to adopt better methods of control and responsibillty with her children. She has been taught how

to sew and make useful household articles such as curtains and furniture covers.

As the units within the hut are self contained, the family are, more or less, enjoying the same standards as though they were in a dwelling of their own, with the available helpful advice of the Wardens. It would be most useful, in my opinion, if the family, when the time comes, could be rehoused in an area not too distant from this accommodation, in order that the Wardens could exercise supervision and continue the friendly help that has achieved such rewarding results to far.

At the end of 1961, there were three families, including the one mentioned above, occupying temporary accommodation, one of whom has been allocated Council accommodation, and who left in January, 1962. The other family, now with a total of six children, excluding one born in December, 1961, are still occupying the temporary shelter. This family is not one in need of re-habilitation, and cannot be considered as a problem family, but a family with a housing problem.

The great majority of cases which are dealt with by the Section, are, fortunately, short term problems, and have been assisted in various ways. Out of a total of 124 cases applying during the year, admission was necessary in 20 instances, and the length of stay is given as follows:—

8 cases staying for one day
3 cases staying up to seven days
3 cases staying up to one month
6 cases staying longer than one month.

The numbers of families seeking assistance because of homelessness has decreased, but again a high proportion of these applicants were homeless in Oxford because of lack of foresight and commonsense. In one case only was there a case made out for "circumstances unforeseeable" where the reason for application was fire, and the length of stay two days. Of the remaining cases admitted to temporary accommodation two were families from Ireland who simply arrived at Oxford from Eire, two were from Army Camps near to Oxford who had found one or two nights' lodging in the City, and two came from other parts of the country to join their husbands who were working locally. There were three cases involving domestic upheavals, and who were truly ordinarily resident in the City, and eleven cases of stranded persons.

Seventy-eight applications were dealt with from persons who were either without a settled way of living or had just drifted into the City and were seeking a place to live, and twenty-six applications were concerned with Rent Act and/or demolition of property. These twenty-six applications mainly consisted of elderly persons, and two have been admitted to Part III accommodation, two received an extension of lease until March, 1962, when they propose to enter Part III accommodation, and twenty-two were advised and assisted to obtain other accommodation.

These statistics prove how very essential it is that constant and immediate effort is available to deal with the problem of the homeless. Under the existing legislation it is only necessary for a person to express a wish to reside in an area, to abandon their previous residence, and to obtain temporary shelter in the area of their choice for them to be deemed ordinarily resident in that area. In a City such as Oxford, where jobs are readily available, there is a constant flow of persons into the area, and it has been proved that their families follow them, and expect to be found accommodation. Once established it is very difficult to avoid the responsibility of providing shelter. Admittedly a high proportion of the persons moving into the City are sensible enough to find accommodation without asking for the Local Authority to help, but in 1961, eighty-four families, or parts thereof, adopted the practice of arriving in Oxford and applying immediately to the Welfare Section for temporary accommodation, either directly or through the police. More than half of these calls occur outside office hours, and even this has the unsatisfactory flavour that many of the families have delayed asking for help deliberately to ensure that they will be admitted to shelter. The police have been of great assistance in bringing these cases to our notice as early as possible, and helping in the investigation as to whether the families could return to the accommodation they had left. As a result, it has been possible to persuade many families to return from whence they came, or obtain the consent of relatives and friends to accommodate them. Despite all this effort, some families who have been helped, even to the finance for transport, have deliberately avoided the help offered, and applied late the same night, or early morning, as distressed cases.

It has, however, been possible, with the considerable casework done by the Welfare Officers, to keep the size of the problem in Oxford within reason, and it is hoped that the decrease in applications apparent in 1961 will continue, and that a state will be reached where all cases requiring to be dealt with under Section 21 (i) (*b*) of the Act will be from those persons who really need the facilities made available.

## (3) Welfare Arrangements for Handicapped Persons

### (a) Blind

**Statistics**

During the year 20 people were certified as blind and 15 as partially sighted. The Authority is fortunate in that eye examinations for certification purposes are carried out at the Eye Hospital, and any medical or surgical treatment required is arranged straight away.

The following table shows the diagnosis of cases registered during the year:—

| Name | Age at Reg. | Cause of Disability | Age at Onset |
|---|---|---|---|
| J.W. | 79 | Haemorrhegic Retinopathy .. .. .. | 78 |
| I.J. | 77 | Bilateral Central Senile Retino Choriodal Degen. | 76 |
| C.A. | 80 | Senile Macular Degeneration .. .. .. | 77 |
| J.H. | 83 | Senile Retinopathy, Senile Cataract .. .. | 82 |
| H.K.A. | 84 | Divergent Squint and Cataract .. .. | 84 |
| J.H. | 73 | Loss of R. Eye, Glaucoma L. Eye .. .. | 73 |
| E.B. | 67 | Sub-acute Glaucoma .. .. .. .. | 66 |
| F.A.H. | 73 | Congenital Myopia, Senile Retinopathy .. | 73 |
| E.E. | 78 | Chronic Simple Glaucoma, Diabetic Retinopathy | 78 |
| J.B. | 73 | Senile Macular Degeneration .. .. .. | 73 |
| F.S. | 91 | Senile Cataract .. .. .. .. .. | 82 |
| J.S. | 85 | Senile Macular Degeneration—Areolor type .. | 84 |
| S.A.B. | 88 | Senile Retinopathy .. .. .. .. | 87 |
| E.C.O. | 80 | Bilateral Central Senile Retino-Choriodal Degen. | 80 |
| M.T. | 85 | Senile Retinopathy, Aphakia, Active Cataract | 85 |
| E.M.M. | 95 | Senile Macular Degeneration and early Cataracts | 95 |
| M.L. | 90 | Senile Cataract .. .. .. .. .. | 90 |
| E.T. | 85 | Cataracts .. .. .. .. .. | 85 |
| C.P. | 77 | Progressive Myopia, Cataracts and Myopic Degen. | 76 |
| E.H. | 75 | Myopic Retinopathy, Cataracts, left Amblyopia | Congenital |

The following table shows the number of cases where treatment was recommended:—

| | Cause of disability | | | |
|---|---|---|---|---|
| | Cataract | Glaucoma | Retrolental Fibroplasia | Others |
| (*a*) No Treatment .. .. | 4 | — | — | 5 |
| (*b*) Treatment (medical, surgical or optical) .. .. .. | 3 | 1 | — | 1 |
| (*c*) Hospital supervision .. | 2 | 2 | — | 2 |

The number of registered blind persons in the City is shown, in age groups, in the following table:—

| 0–1 | | 2–4 | | 5–15 | | 16–20 | | 21–39 | | 40–49 | | 50–64 | | 65–69 | | 70 & over | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F |
| — | — | 1 | — | 4 | — | — | 1 | 4 | 5 | 6 | 3 | 14 | 16 | 5 | 9 | 46 | 89 |

Total 80 males and 123 females equals 203, of whom 135 are over 70 years old, and 149 over 65 years old.

**Children**

One boy is at the Sunshine Home, Southerndown, South Wales. Three are in other Special Schools for the Blind, whilst one is in a hospital for the mentally ill and another is ineducable and remains at home.

**Employment**

Seventeen people are in open industry as follows:—

1 Physiotherapist
2 Legal Profession
2 Shopkeepers
7 Employed in factories
1 Storekeeper
1 Labourer
1 Masseur
2 in Miscellaneous jobs.

**Home Workers Scheme**

1 Braille Copyist
1 Basket Maker
1 Machine Knitter.

**Workshop Employment**

The following blind people are working in sheltered workshops:—

| *Men* | *Women* | *Trade* |
|---|---|---|
| 2 | — | Mat Makers |
| — | 1 | Chair Caning |

Several totally blind women are running their homes very efficiently without help.

**General Welfare**

It can be seen from the preceding figures that there has been an increase in the number of new cases and the great majority of these are aged 70 years and over. This trend emphasises how rapidly the nature of the two Home Teachers' jobs are changing from one of teaching younger people to one of general welfare of the elderly, with specialised knowledge of methods and aids which are helpful to people with impaired sight.

Two handicraft classes, each of twelve to sixteen people have been held weekly throughout the year and are becoming more popular due to the stimulative effect of the first National Exhibition of handicrafts done by elderly blind people which was organised by the Southern Regional Association for the Blind and held in London during the autumn; it is hoped to make this project a quinquennial one. All regions were invited to send up entries, having first run their own eliminating competitions. Oxford City combined with The Oxford (City and County) Society for the Blind and were able to send over twenty entries to London. Both a silver and a bronze medal were won.

**Social Activities**

Socials have been held three times a month and during the summer two outings were taken to Cambridge and Stratford. We would like to

extend our grateful thanks to all the voluntary helpers who have done so much to make these occasions so successful.

The Annual Party at the Town Hall, although taking place early in 1962, belongs to the year under review, and was again popular and well supported.

During the past year two new projects have been launched in co-operation with the Oxford (City and County) Society for the Blind. Firstly, in May two parties, each of eighty people were taken for a week's holiday to Margate and Lowestoft, respectively. This venture was an unqualified success and is to be repeated again next year, both parties going to Weymouth. Secondly, a Tape Recording Club has been started. With money kindly provided by the Oxford (City and County) Society for the Blind, a Butoba portable tape recorder has been bought and the Society has joined the Cultural Society for the Disabled which provides them with four Tape Magazines a month, and these together with tapes compiled locally by volunteers, are played back once a fortnight to gatherings of about thirty people. It is hoped to extend this service to the housebound in the near future and to devise a message system between the blind people on the register.

**Voluntary Help**

The Oxford (City and County) Society for the Blind have continued to assist the blind financially towards the provision of holidays, invalid foods, extra comforts, and with Christmas gifts to those blind who are aged and infirm, in hospital, or other accommodation away from their own homes. As a result of the Society's meeting the subscription cost, four Blind People receive Bible notes in Braille each quarter.

The Oxford Eye Hospital Patients' Welfare Fund has continued to be responsible for the cost of transport of the aged and infirm to the Christmas Party. This help is greatly appreciated, and enables many to attend who might otherwise be unable to do so.

**(b) Deaf Blind**

There were 9 deaf blind on the Blind Register, 2 men and 7 women.

**(c) Partially Sighted**

At the end of 1961 there were 81 persons on the observation register. All these people are substantially and permanently handicapped by defective vision. The following table shows the age groups on the register:—

| 0—1 | | 2—4 | | 5—15 | | 16—20 | | 21—49 | | 50—64 | | 65 & over | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | F | M | F | M | F | M | F | M | F | M | F | M | F |
| — | — | — | — | 2 | 2 | — | 1 | 8 | 2 | 6 | 8 | 12 | 40 |

Total 28 males and 53 females equals 81, of whom 52 are over 65 years old and 66 are over 50 years old.

### (4) Other Handicapped Classes

The Council, on the 1st April, 1955, adopted schemes to provide for the welfare of the deaf and dumb, the hard of hearing and the general handicapped classes.

### (a) The Deaf (adults)

The Council's functions in relation to the Deaf have been delegated to the Oxford Diocesan Council for the Deaf, who have for many years been carrying out valuable welfare work amongst the local Deaf, and have been assisted financially by the Council since 1948. During the year ended 31st March, 1961, a grant of £890 was made to the Council. I am indebted to the said Council for the following table:—

| 0–15 | | 16–64 | | Over 65 | |
|---|---|---|---|---|---|
| M | F | M | F | M | F |
| 10 | 6 | 23 | 16 | 8 | 6 |

### (b) The Oxford and District Branch of The National Deaf Children's Society

This Society holds regular instructional meetings to help parents with some of their problems. It has provided equipment for use in schools for the deaf, and for the use of parents in the home. A television set has been presented to the children's ward in the E.N.T. Department of The Radcliffe Infirmary. Classes for children in "Listening and Learning" have been held at The New Centre, and books and equipment provided for these classes. Entertainment and outings are arranged for the children. Under the auspices of the National Deaf Children's Society (Oxford Region) the University Film Society is making a film to help give the general public insight into some of the problems confronting deaf children and some of the methods employed to help them overcome their handicap.

### (c) Hard of Hearing

The welfare of this group in the City is cared for by the Hard of Hearing Club, which is closely connected with the Department of Otolaryngology at the Radcliffe Infirmary. Lip-reading classes are held in The New Centre. The Club is flourishing and enterprising; it has a Mimes Group and arranges a variety of social activities. This Club is doing a great deal towards promoting the general welfare of the hard of hearing.

| Under 16 | | 16—64 | | 65 and over | |
|---|---|---|---|---|---|
| M | F | M | F | M | F |
| — | — | 24 | 59 | 12 | 47 |

The New Centre for the Deaf and Hard of Hearing, in St. Ebbe's, is a great asset, and is used regularly for social, spiritual, and educational purposes by each of the above named groups.

**(d) General Handicapped Classes**

The adoption by the Council in 1955 of the Schemes for promoting the welfare of the general handicapped class meant an extension of the operations of the Section. The staff appointed for this work included a field Welfare Officer (full time) and the use of the services of an Occupational Therapist (half time).

Since the implementation of the Scheme in Oxford much has been done in helping the handicapped, a large percentage of whom are homebound. Mention must be made of the co-operation of voluntary effort in this work, whereby in a number of instances it has been possible to make home life more bearable. Adaptations and aids in the home, cleaning, redecorating, and remedial and recreational facilities have been carried out by the Local Authority staff and voluntary workers, including University Students.

A total of 117 permanently and substantially handicapped persons are registered with the local Welfare Authority, the following table shows the age groups on the Register:—

| | 16–24 years | 25–34 years | 35–44 years | 45–54 years | 55–64 years | 65 years and over | Totals |
|---|---|---|---|---|---|---|---|
| Male | 14 | 5 | 7 | 12 | 16 | 11 | 65 |
| Female | 5 | 10 | 12 | 7 | 11 | 7 | 52 |
| Totals | 19 | 15 | 19 | 19 | 27 | 18 | 117 |

The British Red Cross Society organise a Club for crippled persons which meets fortnightly at 101 Banbury Road. This Club is a valuable aid in the provision of recreational facilities for handicapped persons, and the Officers of the Welfare Section have encouraged and aided as many as possible to attend.

**(i) Spastics**

There are 35 spastics known to the Department, 17 are adults, (13 male and 4 female), and 18 children. Of the 17 adults three males and one female are doing full-time jobs of work, and all are normally resident in their own homes. 18 City children of school age are known to be suffering from varying degrees and types of cerebral palsy. Two severely affected boys are at a residential school. In 7 cases the disability is minimal and the children are able to attend full-time at ordinary schools.

Four children who are Educationally Sub-Normal attend the Day Special School at Slade Park. Three children attend the Ormerod School and 2 more who are subnormal attend the Training Centre. One severely

subnormal child is in an institution. One child under compulsory school age has attended during the year for treatment at the Spastics Centre at the Churchill Hospital.

**(ii) Epileptics**

Eleven adult epileptics (4 male, 7 female) are known to the Department. All of these cases are major epileptics. This is a figure, which I feel sure, does not bear any real relationship to the actual number of people who suffer from this complaint. Fortunately, however, the majority of the minor cases are able to continue in normal employment.

Several children suffering from slight or occasional epilepsy attend ordinary schools.

**Workshops for Handicapped and Blind Workers**

The sheltered workshop for handicapped and blind workers has continued to expand, and at the end of 1961 there were six blind and eleven disabled workers employed full-time. New trades have been introduced, watch and clock repairing, and woodwork, and both have been very successful.

There has been an increasing demand for our products, and sales during the year reached a record total of over £8,000, i.e. an increase of £1,000 over the previous year's record total. This is an unbelievable achievement, and the records have been broken year after year, inasmuch as the sales for 1961 were equal to a 700% increase compared with 1953. The fact that there is a constant demand for goods produced in the workshop has been of great psychological benefit to the severely handicapped workers, and the success of this venture must be extremely satisfactory to the Superintendent, who is mainly responsible for such a happy state of affairs.

**Meals on Wheels**

This valuable service has continued to expand, and has worked to the maximum capacity, in both manpower and equipment throughout the year. An average of 2,000 meals per month have been supplied at a cost to the recipient of 1/- per meal. The cost of food to the Local Authority is 1/6 per meal, and an allowance of 6*d*. per mile is paid to the voluntary drivers who deliver the meals. These volunteers from the British Red Cross Society and the Women's Voluntary Service have worked untiringly to make this service the success it is, and there is no doubt that a large number of old people in the City look forward not only to the meal they receive, but the cheerful visitor who brings it to their doors.

**Chiropody Service**

1961 has been the first full year during which the Council has been responsible for the operation of the Chiropody Service. The Oxford Council of Social Service have continued to be responsible for the ad-

ministration of the service within Old People's Clubs, and new sessions were opened at the British Red Cross Club and at the Pensioners' Club in George Street.

The session held for the homebound who were transported to The Laurels has been discontinued, and the cases being treated at this centre were transferred to the clinic operating, in much more satisfactory surroundings, at Marston Court. In the Clubs and at the Local Authority clinic the charge per treatment to the recipient is 2/6 and the Authority subsidise the service to the extent necessary. Domiciliary visits are also made by chiropodists to those persons who are medically certified to be unable to attend Clubs or be transported by ambulance to a clinic.

**Removal of persons in need of care and attention (Section 47, National Assistance Act, 1948)**

It was not necessary for action to be taken under this Section during 1961.

**Temporary protection of property of persons admitted to hospitals, etc.**

The duty of the Council under Section 48 of the National Assistance Act, 1948, to protect the property of patients admitted to hospital or to accommodation under Part III of the Act, has been effected in 79 cases during the year.

**Burial or cremation of the dead**

Under Section 50 of the National Assistance Act, 1948, the Council has a duty to cause to be buried or cremated the body of any person who has died or been found dead in their area, where no suitable arrangements for disposal have been made. During the year it has been necessary for the Council to arrange thirteen such burials, and in all cases part or full recovery of the cost involved has been made.

**Civil Defence—Welfare Section**

Although a Recruiting Drive for volunteers held in October showed encouraging results, the strength of the Welfare Section is well below the establishment of 700, being 278. The majority are fully trained.

Courses were held in Emergency Feeding and Care of the Homeless; instruction was also given in First Aid and Home Nursing.

Now that we have a first class training centre at Kidlington, more practical exercises were held, especially in co-operation with other sections of the Corps.

Our plans for helping in peace-time disasters were tested in September, when a plane crash was simulated on Port Meadow. The village hall at Wolvercote was opened and Welfare Workers provided food and shelter for the "survivors".

# SECTION IX

## ENVIRONMENTAL HYGIENE

Report by W. Combey, D.P.A., F.A.P.H.I., F.R.S.H.
Chief Public Health Inspector.

Another year of general activity showed increased attention to the improvement of hygiene in many aspects of our work. A full staff was maintained and it is pleasing to record once more excellent co-operation from traders and the general public to our approach for better standards. Some improvements, of course, are long overdue but we can look back with satisfaction at our progress over the years. The year 1961 marked the completion of my fortieth year in the Local Government Service—all spent in the Health Departments of a number of Local Authorities in different parts of the country. This period of 40 years has seen marked changes in hygienic standards with notable achievements in the improvement of the health of the general population.

Sanitary circumstances in the 1920s were far from satisfactory in many respects. Privy-middens and shared water supplies serving families living in cramped and overcrowded housing accommodation were commonplace. Such diseases as Tuberculosis and Diphtheria were acute and widespread and a menace to both old and young. Enteric and other fevers and acute infections were a continual source of concern to Health Department staffs and even Smallpox reached epidemic proportions—many hundreds of cases providing enormous problems in investigation work for many health workers. Nowadays a few cases of this disease produce almost national panic giving rise to much anxiety, despite improved hygienic standards and medical techniques. Recent happenings in connection with Smallpox suggest that we must never be complacent in regard to health safeguards, however much improvement we may have achieved in the past.

Forty years of effort in the housing field have still not seen the end of the Slum Clearance Programmes, although many towns, including Oxford, are within sight of it. Much requires to be done in some districts even yet and there is still an enormous programme of repair and improvement work required to uplift general housing standards. At one time milk was a very doubtful commodity, often produced without regard to health of either animal or man and under most unhygienic conditions. It was often grossly mis-handled and carelessly distributed. Sampling routine could at times be an exciting experience for the Inspector and his assistants, often being carried out at peculiar hours and requiring special precautions in attempts to catch dishonest dealers or producers. Infected milk as a source of disease was a major problem and one of the outstanding achievements of recent years has been the eradication, to an enormous extent, of Tuberculous infection in milk by intense and sustained activity by Ministry and Local Authority officers.

Much more diseased and unsound meat was condemned 40 years ago and much trouble experienced by Inspectors in dealing with butchers anxious to avoid the consequences of buying animals of doubtful quality and obvious commercial risk. Today cattle are healthier, total loss exceptional and meat quality generally very much better. Indeed, a modern problem in training students of meat inspection is to find sufficient evidence of disease to give adequate basic practical experience and knowledge of conditions which are now quite unusual.

Modern supplies of drinking water are much more constant and free from risk than they were several decades ago. Quality is maintained at high level in most areas and apart from occasional taints our Oxford supply of open river water is of satisfactory quality and adequately supervised. Notable progress has also been made in the realm of clean air measures and smoke abatement, and there is now growing appreciation of the efforts made to reduce impurities in the air, which, for generations, has been fouled by domestic and industrial combustion of coal. Health education is now a regular routine and has proved well worthwhile and our collection of exhibits is increased from time to time, including coloured slides, film strips, posters and interesting items found in practice.

Training of Inspectors has undergone a major-re-organisation. The student inspector of 4 decades ago could qualify after less than 12 months' training and so become the holder of a public office with statutory executive powers. Salaries have never been very attractive but Public Service attracted men with a sense of vocation, many of whom have given excellent service and laid the foundation of a much broader field of study with a qualification much more adequate and of better standard. A comprehensive four year training course, coupled with compulsory pupilage, now ensures an adequate practical and theoretical training with firsthand experience in the field leading to a diploma in Public Health Inspection which should satisfy all modern demands.

Oxford in the 1920s was only half its present population, served by a staff of three Inspectors. Complaints totalled less than 200 per year and there were on the register no less than 24 slaughterhouses ! Today, with a population well over 100,000, the Department employs ten Inspectors, complaints total 1,500 per year and only two slaughterhouses are operating, although with considerable throughput of animals. 100% meat inspection is carried out, despite the calls of other duties and the many problems which come the way of the modern Public Health Inspector. There is constant housing activity and major interest with factory operations and public nuisances, while food hygiene, clean air, and noise problems provide ample scope for activity. Disinfestation work and food sampling add to the responsibilities of the Department. It should be interesting to compare the picture of activity and progress in the City and country in general after another 40 years of attention to environmental hygiene problems—when the year 2000 A.D. has arrived !

To return to consideration of our activities in 1961 it should be noted

THE GAS WORKS—"THE END IN SIGHT"

that there was a considerable increase in matters referred to us for attention. All were promptly dealt with. A reduction in the number of caravan sites within the City followed implementation of the new Caravan Sites and Development Act which called for co-operation between Planning and Health Departments. There was increased visitation to factories and workplaces and more attention given to the hygiene of swimming baths and water supply in collaboration with the City Water Engineer. A list of bathing facilities at present in use in the City is given in the text of the Report. There was more rodent activity apparent, although infestation generally gave little cause for concern, there being no major infestations evident. We continued with special treatment of the Radcliffe Infirmary premises against Pharoah's Ant infestation with considerable success, following the use of modern insecticides and the use of insecticidal lacquer. Our Agreement Scheme for rodent treatment and general disinfestation work continues to be popular and satisfies demand.

Another Smoke Control Area was confirmed during the year, involving almost the whole of the University area, and this goes a considerable way towards the attainment of a smokeless City centre, which will be completed with our activities towards the western boundary of the City. One could hope for quicker progress towards the goal of a completely smokeless City and it is hoped that within the next few years sufficient supplies of solid smokeless fuels of satisfactory quality will enable much quicker progress towards this goal. Cleaning of stonework in the City centre is giving a sparkling appearance to buildings and evokes much favourable comment from visitors. The unsightly Gasworks and its holders are being progressively demolished and will remove very soon an ugly blemish from the City skyline. A slight rise in the average $SO_2$ readings in the City centre has not upset the general downward curve which has shown constant reduction since 1954 when our first Clean Air Measures commenced. Noise nuisances are now topical and from time to time give rise to some concern but none have so far proved serious. Action is still proceeding with remedial works at the Morris Motors factory in an attempt to reduce the nuisance caused by modern factory processes, involving many fans. Other sources of noise remain under constant review and regular attention.

Rehousing of families from condemned property was increased during the year, although actual demolition work lagged behind. The next two years should see the comparative end of our so-called Slum Clearance activities, although there will always be a certain amount of unfit property found from time to time so long as maintenance work suffers. There are still many dwellinghouses which require repair and improvement work in order to meet modern standards. Stimulation is needed for the improvement of sub-standard rented property in order to avoid a decline in standards which could well bring about a return of slum clearance activity.

Milk distributors have increased in number and there is extension of the sale of pre-packed milk now involving cartons in addition to bottles. Automatic machines are on the increase and are comparatively free from

trouble in the City, although lack of maintenance in outlying areas has drawn attention to the need for regular supervision in order to avoid breakdown in refrigeration which interferes with keeping quality of milk stock. Ice cream dealers are also on the increase with soft ice cream beginning to replace, to some extent, the pre-packed product which has been popular for many years. Automatic soft mix ice cream machines are now available for shops and vehicles alike. There is one notable advantage—the absence of litter.

There was a 10% increase in the number of animals slaughtered at our two slaughterhouses and at last modernisation of the Eastwyke premises has commenced. It is hoped that the modernised premises will be in full use by the autumn of 1962. There was little cause for concern in food and drug sampling routine, although there were one or two examples of unsatisfactory labelling of products. The Department was not free from the usual spate of incidents involving foreign matter in foodstuffs.

At the end of the year my Deputy, Mr. E. Edlington, was appointed Chief Inspector to the Eastbourne Borough Council and Mr. G. Lord was appointed District Inspector at Bournemouth. Mr. N. Billington, one of our pupils, qualified during the year and was appointed to a post at Northampton. Messrs. P. Davis and D. Saffin, our other pupils, continued with their second year day release training and should take their intermediate examination in June, 1962. The Department sustained a great shock early in 1962 and before this Report was made, by the death of Mr. Leonard Pearman, the Senior Clerical Assistant. Mr. Pearman had served the Department for 26 years faithfully and well and I cannot speak too highly of his loyalty and devotion to duty. His place will be very difficult to fill. Staff, as usual, gave loyal service, for which I am grateful, and I look forward to a further period of useful activity during the coming year.

The Report is, as usual, presented in three sections (*a*) General Sanitary Circumstances and Water Supply, (*b*) Housing, and (*c*) Supervision of Milk, Meat, and other Food Supplies.

## (A) GENERAL SANITARY CIRCUMSTANCES

### (i) Complaints and Inspections

The usual pattern of complaints was maintained during the year and there were 1,633 as against 1,457 last year.

| **Complaints** | *No.* |
|---|---|
| Accumulations of Refuse | 25 |
| Choked and Defective Drains | 48 |
| Defective Water Closets | 13 |
| Defective Water Supply | 3 |
| Dirty or Verminous Premises | 39 |
| General Housing Defects (including dampness) | 70 |
| Infestation by Insects and Pests | 127 |
| Infestation by Rodents | 712 |
| Infestation by Wasps | 393 |
| Keeping of Animals | 3 |
| Noise Nuisances | 25 |
| Obstructive Constructions | — |
| Offensive Odours | 103 |
| Overcrowding | 6 |
| Refuse Accommodation | 2 |
| Smoke Nuisances | 19 |
| Unwholesome Food, Containers and False Descriptions | 45 |
| | 1,633 |

| **Number and nature of Inspections** | |
|---|---|
| Animal Nuisances | 13 |
| Drainage | 459 |
| Housing | 1,775 |
| Interviews | 726 |
| Licensed Premises | 207 |
| Lodging Houses | 39 |
| Miscellaneous | 806 |
| Overcrowding | 55 |
| Pet Animals | 55 |
| Pharmacy and Poisons Sellers | 329 |
| Piggeries and Stables | 211 |
| Rats and Mice | 8,637 |
| Refuse Storage and Accumulations | 213 |
| School Premises | 49 |
| Shops Act | 709 |
| Tents, Vans and Sheds | 161 |
| Verminous Conditions | 46 |
| Water Sampling and Bath Water | 34 |
| Insect Pests | 1,451 |
| Noise Nuisances | 72 |
| Health Education | 20 |

**Atmospheric Pollution**

| | |
|---|---|
| Smoke Control Area | 292 |
| Smoke Observations ($\frac{1}{2}$ hour) | 18 |
| Smoke Observations (casual) | 306 |
| $S.O._2$ Recording Stations | 232 |
| Boiler Plants | 48 |
| Grit and Odour | 378 |
| Clean Air Interviews | 134 |

**Food Hygiene**

| | |
|---|---|
| Food Hygiene Regulations | 4,827 |

**(ii) Sanitary Circumstances of Aged Persons**

Again there was little activity in connection with insanitary circumstances but close co-operation continues with the Welfare Section in connection with unsatisfactory conditions affecting aged persons.

**(iii) Lodging Houses**

The Church Army Hostel in Cambridge Terrace, with its Annexe in Charles Street, provides reasonable accommodation for men in need of lodgings. There is, as yet, no details available of any proposed rebuilding in this part of St. Ebbe's and no doubt some time will elapse before better premises are available for working men's accommodation. The National Assistance Board have not yet provided the Reception Centre at the old Cowley Barracks. There has, however, been an obvious increase in the number of vagrants seen about the town with the usual evidence of "sleeping rough" and some constant nuisance in empty houses awaiting demolition in the St. Ebbe's region. Vacant premises are a continual source of attraction to vagrants who cannot gain access to the Church Army premises and who are not fit for reception as lodgers by householders. Nevertheless, there were four cases of persons requiring disinfestation or bathing. The Slade Hospital Disinfector continues to be used for sterilization of bedding and clothing in appropriate cases and, on occasions, modern liquid insecticides have proved useful for treatment.

Attention has been directed recently to the problems of multi-occupation of dwellinghouses and the New Housing Act, 1961, draws attention to the need for powers in this connection. It is obvious that the sharing of dwellinghouses appears to be extending and is not being helped by the influx of immigrants, both individuals and in families, for they tend to congregate in groups in individual premises wherever they are available. This University City is very short of smaller unit housing accommodation and it is inevitable that larger premises become occupied by numbers of family units or individuals who must have accommodation in or near the City. Concentration of population always brings problems in its wake and close attention must be given to this matter with a view to improving standards of sanitation and hygiene wherever necessary and ensuring a

reasonable standard of accommodation and amenity. So far conditions have not proved serious but a watchful eye is being kept on general conditions and the question of control by Regulations must be borne in mind, if conditions warrant this procedure.

**(iv) Movable Dwellings**

With the application of the 1960 Caravan Sites and Control of Development Act, an opportunity has been afforded to control fairly rigidly the siting of caravans within the City. For some time now numbers have been quite low and such sites as have been permitted are subject to standards based on those which are set out in the Act and its regulations. The Planning Department are active in tracing caravans set up without permission and require application in all cases prior to consideration by the Health Committee of the conditions for licensing. Little trouble has been experienced and National publicity has helped considerably to secure public awareness of application and licensing procedure.

The Contractor's labour site on Blackbird Leys Estate continues to provide accommodation for approximately 12/15 families. Permission has also been given, where the situation is reasonable, for individual caravans used by contractor's labour to set up temporarily on actual working sites. The site at Sandy Lane, occupied by five families who have lived there many years and were involved in the extension of the City boundary some years ago, have now been considered for housing accommodation. The Housing Committee have confirmed Demolition Orders on two temporary hutments associated with two of the caravan occupations and rehousing will take place early this year. The other three families have also been granted housing accommodation on the basis of unsatisfactory housing amenities on the site.

There are still many caravan sites in the rural areas on the fringe of the City and these have given the Local Authorities concerned a certain amount of anxiety in connection with new control arrangements. There is, of course, no definition of overcrowding for caravan occupation and this is a constant source of concern where caravans become over-occupied. Conditions on the whole within the City remain satisfactory and should not deteriorate under the present arrangements of control by Planning and Health Authorities. There were during the year, 29 caravans within the City on 17 sites with approximately 35 caravans exempted from licensing under the provisions of the new Act, (on Contractors' sites, etc.).

**(v) Offensive Trades**

One Marine Store dealer continues to operate in St. Ebbe's, although there is a limit to the time during which this site can be occupied for it is well within the St. Ebbe's Redevelopment Area. No nuisance was caused during the year and no special steps were called for.

**(vi) Canal Boats**

There is now no local obligation on the City Council to maintain a Canal Boat Register and only one or two boats have been noted locally carrying building materials and coal. No complaints were received during the year.

**(vii) Drainage**

The Department continues to work closely with the Building Inspectors' Section of the City Engineer's Department in connection with drainage problems which arise from time to time. The number of complaints received involving drainage was 46 as against 28 in 1960.

**(viii) Riding Establishments, Stables and Piggeries**

One riding establishment ceased during the year reducing the number licensed to two. Both were visited by the official Veterinary Surgeon and the District Public Health Inspectors. Conditions were found satisfactory. There are 21 piggeries within the City and very few stables. Twelve premises are registered under the Diseases of Animals (Waste Food) Order and were regularly inspected in regard to conditions for sterilization of pig food. 159 inspections of stables and piggeries were carried out during the year and little complaint was received, although there was some concern for a while over conditions at the Crescent Road Piggery where over 1,000 pigs are kept. The site of this property, it is hoped, may one day be redeveloped for other purposes. 244 inspections of premises under the Poultry Disinfection Order were carried out as a means of checking on the general hygienic condition of crates and containers used for poultry transport. This work is carried out in co-operation with the Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food and assists in the control of the spread of fowl pest, etc.

**(ix) Pet Animals**

Eight premises were licensed under the provisions of the Pet Animals Act during the year and 55 visits were made to check on conditions. There were no complaints and conditions found satisfied the regulations which are itemised on each licence when issued. Circumstances under which pet animal food is sold continue to be reasonable, although it is still a pity that raw, unsterilised meat from sources not always easily ascertainable is still available on sale. This is a shortcoming in law which should be dealt with if we are to be satisfied that possibility of transmission of disease through this source has been prevented.

**(x) Factories and Workplaces**

There were on the register of outworkers' premises in the City 50 entries referring to premises mainly concerned with such activities as dressmaking and tailoring, rug making, toy filling and the like. The short table below gives the appropriate information. 80 visits were made to the premises concerned.

## Outworkers (Sections 110/111)

| Nature of Work | Section 110 | Section 111 |
|---|---|---|
| | Number of Outworkers Notified | Number of Contraventions |
| Wearing Apparel Making, etc. .. .. | 40 | Nil |
| Stuffed Toys .. .. | 10 | Nil |
| Textile Weaving .. | — | Nil |

The table given below shows the number of factories and workplaces on the register with the number of inspections carried out and notices issued. Defects are usually minor in character and refer mainly to want of cleanliness and slight faults in sanitary conveniences. The general supervision of most factories (now invariably mechanised) is the responsibility of H.M. Inspector of Factories who, on occasions, refers matters concerning cleanliness or sanitary accommodation to this Department.

## Inspection of Factories and Workplaces

| Premises | Number on Register | Number of | | |
|---|---|---|---|---|
| | | Inspections | Written Notices | Occupiers Prosecuted |
| (i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authority .. .. | 71 | 43 | — | — |
| (ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority .. .. | 347 | 371 | 11 | — |
| (iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) .. .. .. | 8 | 17 | — | — |
| Total .. .. .. | 426 | 431 | 11 | — |

## Defects found in Factories

| Particulars | Number of cases in which defects were found | | | | No. of cases in which prosecutions were instituted |
|---|---|---|---|---|---|
| | Found | Remedied | Referred To H.M. Inspector | Referred By H.M. Inspector | |
| Want of cleanliness (S.1.) | 2 | — | — | — | — |
| Overcrowding (S.2) .. | — | — | — | — | — |
| Unreasonable temperature (S.3) .. .. .. | — | — | — | — | — |
| Inadequate ventilation (S.4) .. .. .. | — | — | — | — | — |
| Ineffective drainage of floors (S.6) .. .. | — | — | — | — | — |
| Sanitary Conveniences (S.7) | | | | | |
| (*a*) Insufficient .. | 1 | 1 | — | — | — |
| (*b*) Unsuitable or defective .. .. | 8 | 4 | — | 3 | — |
| (*c*) Not separate for sexes .. .. | — | — | — | — | — |
| Other offences (not including offences relating to Homework) .. .. | — | — | — | — | — |
| Total .. .. | 11 | 5 | — | 3 | — |

### (xi) Shops

This Department is responsible, under the provision of the Shops Act, for the inspection of shops for washing facilities and sanitary accommodation, while matters relating to general welfare and shop hours are the responsibility of the Chief Inspector of Weights and Measures. 709 inspections were carried out during the year as against 773 the previous year and this number is additional to visits made to shop premises for other purposes. Notices under the Health Provisions of the Shops Act were served in 10 cases.

### (xii) Pest Extermination

There is a staff of three outside assistants involved in all disinfestation work in collaboration with, or under the direction of, the District Inspectors. Prompt attention is given to complaints involving infestations by rats, mice or other vermin and an attempt is made to clear infestations from groups of premises wherever possible. Surveying of all property involved is important if efficient baiting and treatment is to be carried out. Quite a number of insect infestations occurred during the year and Professor Varley and his staff at the University Entomology Department were always willing to assist with identification problems. We are grateful for the valuable help given. The usual table is set out giving the number and nature of inspections carried out under the Prevention of Damage by Pests Act but this shows the extent of the work concerned with rats and mice only.

## Prevention of Damage by Pests Act, 1949
Report for Year ended 31st December, 1961

| | Type of Property | | | | |
|---|---|---|---|---|---|
| | Non-Agricultural | | | | |
| | (1) Local Authority | (2) Dwelling Houses (including Council Houses) | (3) All other (including Business Premises) | (4) Total of Cols. (1) (2) & (3) | (5) Agricultural |
| Number of properties in Local Authority's District | 343 | 28,784 | 5,184 | 34,311 | 79 |
| Number of properties inspected as a result of: (*a*) Notification .. | 33 | 476 | 127 | 636 | — |
| (*b*) Survey under the Act | — | — | — | — | 79 |
| (*c*) Otherwise (e.g. when visited primarily for some other purpose) .. | 68 | 2,382 | 1,949 | 4,399 | — |
| Total inspections carried out—including re-inspections .. .. | 266 | 4,987 | 3,384 | 8,637 | 79 |
| Number of properties inspected which were found to be infested by: | | | | | |
| (*a*) Rats Major | — | — | — | — | — |
| (*a*) Rats Minor | 28 | 424 | 93 | 545 | — |
| (*b*) Mice Major | — | — | — | — | — |
| (*b*) Mice Minor | 11 | 140 | 70 | 221 | — |
| Number of infested properties treated by the Local Authority .. .. | 39 | 564 | 163 | 766 | — |
| Total treatments carried out—including re-treatments .. .. .. | 46 | 619 | 185 | 850 | — |
| Number of notices served under Sec. 4 of the Act (*a*) Treatment .. | — | — | — | — | — |
| (*b*) Structural work (i.e. Proofing) .. .. | — | — | — | — | — |
| Legal Proceedings .. | — | — | — | — | — |
| Number of "block" control schemes carried out | — | — | — | — | — |

A considerable amount of preventive as well as treatment work is carried out in connection with insect infestations. Anti-fly treatment is carried out in the Spring as a routine measure at hospitals, schools, cafe kitchens and the like, while the Slaughterhouses are also subject to regular treatment by the occupiers. A regular treatment against Pharoah's Ants was given ward by ward and throughout other associated buildings of the Radcliffe Infirmary. Liver baits were used for tracking and treatment with chlordane dieldrin and insecticidal lacquer has been successful. It has been found that wherever the lacquer has been applied, following systematic baiting and power spray treatment, the premises treated have remained free from infestation for many months. There has been a very welcome freedom from complaint for some time now. With extensive rebuilding work and much consequent upset at the Infirmary it is remarkable that more nuisance has not been evident. The Churchill Hospital was not found seriously affected during the year, nor were there any major complaints from other hospitals within the City.

An increased incidence of rat infestation was noted later in the year on the developing Blackbird Leys Estate. This Estate is being built on the site of the abandoned City sewage farm where a constant rat population has been experienced for many years. With regular attention by the operatives, however, it is anticipated that eradication of the pests will be achieved in a reasonably short time.

There were no major infestations found during the year and the general incidence of rodent trouble, although showing an increase on the previous year, was not unduly heavy. The contract system operates smoothly and usually the occupiers of the premises concerned are highly satisfied with the attention given to treatment. There was a slight fall in income from £667 to £621, due to the cessation of one contract. 396 manholes on the City sewerage system were treated in sewer maintenance. In only 9 cases were definite complete takes noted. There is, of course, the likelihood of a temporary increase in infestation around points of entry to the main sewerage system when Estates are being developed and this is a matter which exercises our attention from time to time. Refuse tips receive regular attention and no heavy infestations have been noted on these sites. The Cleansing Superintendent is always helpful and ready to assist in any way possible in this part of our work.

**Visits by Operatives in connection with Rodent Extermination**

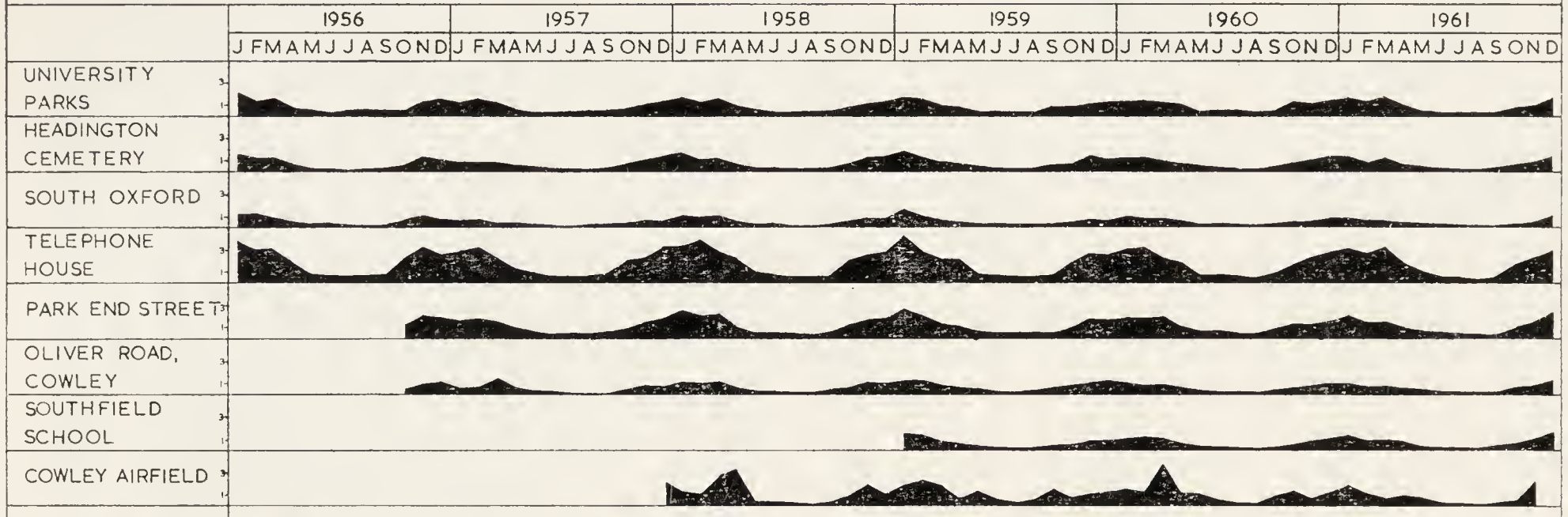
| | | *Totals* |
|---|---|---|
| Local Government Premises | | |
| 1st Visits .. .. .. .. .. | 36 | |
| Re-visits .. .. .. .. .. | 253 | 289 |
| Dwellinghouses | | |
| 1st Visits .. .. .. .. .. | 564 | |
| Re-visits .. .. .. .. .. | 3,039 | 3,603 |
| Business Premises | | |
| 1st Visits .. .. .. .. .. | 125 | |
| Re-visits .. .. .. .. .. | 974 | 1,099 |
| University Premises | | |
| 1st Visits .. .. .. .. .. | 12 | |
| Re-visits .. .. .. .. .. | 233 | 245 |
| | | **5,236** |
| Poison | | |
| Baits Laid .. .. .. .. .. | 10,773 | |

**(xiii) Atmospheric Pollution**

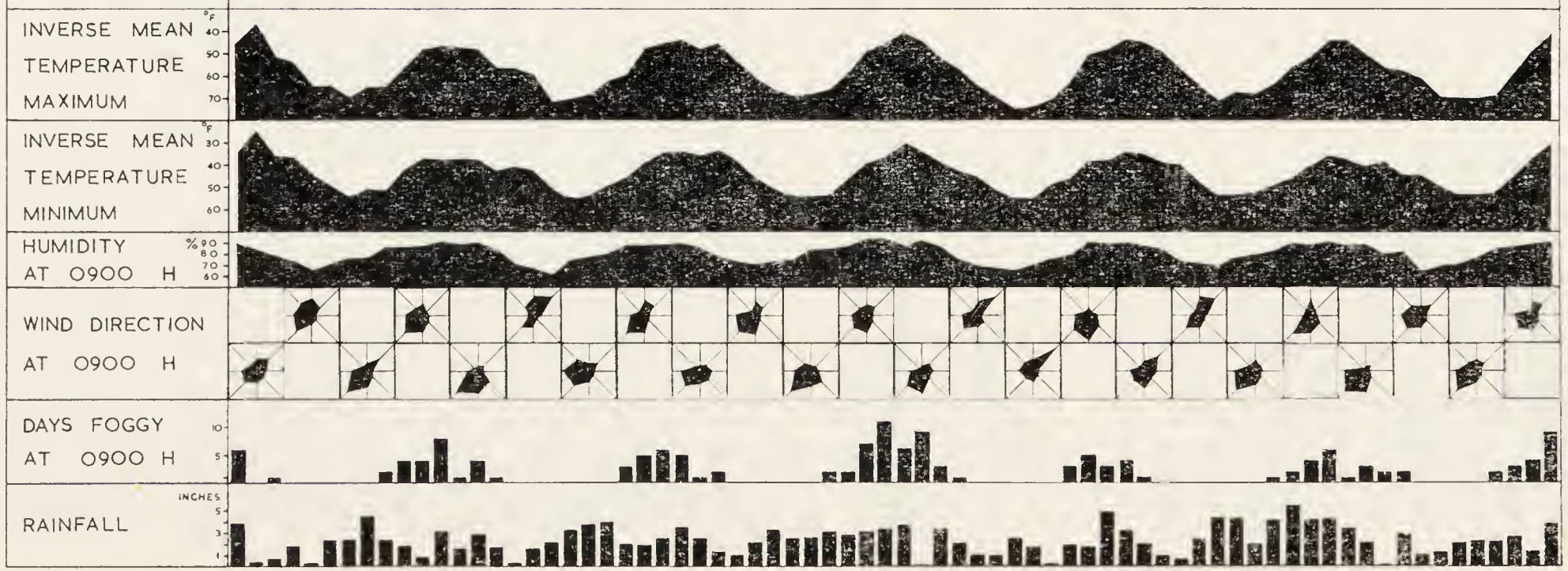
Another Smoke Control Area, or more correctly an extension of our existing Central Area, was agreed during the year and confirmed by the Ministry to come into operation on 1st September, 1962. This involves most of the University area with the boundary reaching the Plain to the west and the University Parks to the north. This achieves 50% of our original proposals for the Central Area. St. Ebbe's to the south-east is already subject to partial control in that as redevelopment continues new property is required to be smokeless from the outset. It will be some time before the St. Ebbe's area is completed but the safeguard adopted by Council in requiring tenants to burn only smokeless fuel in their new appliances is a progressive step in smoke control policy. While the majority of the flats and maisonettes being constructed are heated by gas or electricity, small flats suitable for elderly people are each being provided with one modern, solid fuel burning appliance suitable for the combustion of smokeless fuels. It is hoped to extend still further our Central Smoke Control Area in the near future, provided that sufficient smokeless fuel will be available for the purpose. The Southern Gas Board maintain in Oxford a stock of 2,000 tons of coke (B.S.S. specification Gloco) which is, on the whole, a satisfactory fuel for modern solid fuel open grates.

A few complaints have been received regarding this fuel but usually, on demonstration at the premises, it has been possible to convince the complainants that the fuel is satisfactory and will, if handled correctly, provide a good fire in any modern appliance. There are inevitable difficulties associated with storage and transport. The local fuel merchants do not favour it because of handling difficulties, the coke being very bulky

## TREND OF SULPHUR POLLUTION DURING THE SIX YEARS 1956-61




## METEOROLOGICAL DATA



and light in weight. Price is increased because of this and may be a handicap in sales promotion but the Gas Board will supply quantities of 5 cwts. upward direct from their stocks. There has been a notable increase in Rexco sales, while Coalite is also very popular, although possibly in slightly shorter supply. There is a considerable market for pre-packed fuel (both coal and premium coke), despite the high cost to the purchaser. The convenience of 28/56 lb. bags for buying over the counter seems to have outweighed the extra expense involved which, in some cases, has reached no less than £21 per ton—based on the charge of 5/3 per 28 lb. bag of premium coke. Some concern is felt at the position of pensioners and other persons with restricted incomes, particularly where rents are high.

Little information has been received directly with regard to industrial boiler plant alterations and there have been no requests for prior approval during the year. There is a steady increase in the use of fuel oil in industry and commerce and the greatest concern of this Department is to try to reduce sulphur pollution to a minimum. Accordingly it is the policy of the Department to advise against the use of heavy oil which may have a high sulphur content unless emission is at a sufficiently high level to prevent local pollution. This is particularly important in relation to a City such as Oxford which has a considerable population living and working around the City centre and a high concentration of priceless stone buildings in its central area. University and City development interests are giving particular attention to fuel usage in new buildings and oil, gas and electricity are the main types being considered.

Figures for sulphur averages in the Central Area show a slight rise on last year but the overall trend is still downwards, as illustrated by this graph. The average recordings are those of the central lead peroxide recorder at Carfax which has been in operation throughout the period.

Charts showing the records are appended and Carfax still continues to show the highest readings.

The City Health Committee were pleased to take part in the National Pollution Survey organised by the Department of Scientific and Industrial Research from their Headquarters at Warren Spring Laboratories, Stevenage. The City is now provided with five daily recording instruments. One at this office and one at the Geography School in the University area serve as central indicators. Both these instruments are within Smoke Control Areas. A third is fitted at the College of Further Education, Cowley Road, in an area of high density housing. Another is fixed in a clinic room at the Margaret Road (Headington) Secondary Modern School in an area of low density housing, while the Cowley industrial area is covered by an instrument sited in the new Apprentice Training School at the Pressed Steel Company's Works. A spare instrument has been fixed in the District Nurses' Home in Banbury Road, another low density housing area. This site, however, may only be a temporary one. These instruments will operate for a period of some five years and the results

# CITY OF OXFORD WEEKLY AVERAGES OF ACID GASES AND SUSPENDED SOLIDS

SITE
:- PEMBROKE STREET
ST. ALDATES.

1958 1959 1960 1961

J F M A M J J A S O N D J F M A M J J A S O N D J F M A M J J A S O N D J F M A M J J A S O N D

SULPHUR DIOXIDE PARTS PER 100 MILLION

SMOKE MILLIGRAMS PER 100 CU METRES

SMOKE
SULPHUR DIOXIDE

Fog
Fog
Fog
Fog
Fog

sent monthly to the D.S.I.R. should be a useful contribution towards research into the national pollution problem. Readings involve daily visits by the Inspectors of the districts concerned from Monday to Friday each week. The weekend reading is made on each Monday as the office is closed on Saturdays. A reflectometer is used for estimating the daily smoke stains and the colorimetric assessment of sulphur is carried out in the office as a daily routine.

Additional monthly estimations of sulphur by means of lead peroxide candles are still being carried out at six points throughout the City, although the D.S.I.R. considers that they may be withdrawn at any time when it is felt that they have served their purpose. The South Oxford appliance was accordingly withdrawn late in 1961 in order to replace one damaged on the Cowley Airfield Estate. The latter is an important site in conjunction with another opposite the Pressed Steel Company's Works. The control appliance at Harcourt Hill water tower has also been discontinued as it was no longer acting as a satisfactory control due to development around the site. The usual charts are appended and serve to show variations throughout the year.

Mr. Parker, the Senior Technical Assistant at the Inorganic Chemistry Department of the University was responsible for sulphur assessment of the lead peroxide appliances and this Department is grateful for his continued support. Gratitude is also expressed to Councillor F. M. Brewer, M.B.E., B.Sc., M.A., Head of the Chemistry Department, Professor Gilbert and Mr. A. C. Martin of the Geography School, and to Mr. Pringle, the Chief Works Engineer at B.M.C. Morris Motor Works, and other staff who have always sustained interest in pollution measures. The Pressed Steel Company Limited are also thanked for permitting use of the Training School site for a daily recording instrument.

### (xiv) Noise Nuisance

Following the passing of the Noise Act in 1960, particular attention was given to a number of complaints during that year. During the period under present review further attention has been given to complaints from time to time. A Dawe transistorised Sound Level Indicator was purchased during the year and has proved very useful for "on the spot" readings. It is small and easily portable and gives direct readings in decibels. The instrument, while useful for estimating noise intensity, does not record permanently any readings made. Background noise, of course, materially affects readings and care is needed to isolate the reading of the particular noise forming the subject of complaint.

Residents in the vicinity of the Morris Radiators Factory at Summertown again complained about factory noises, but despite numerous visits with the instrument, no particularly significant readings were recorded. The principal noise emanates from a metal slitting machine which is used every few weeks for the preparation of certain radiator grilles. The

Management have arranged to restrict its use to day-time operation at approximately 7—8 week intervals.

There was no further nuisance complaint about vibration and noise from Messrs. Lucy & Company's Eagle Ironworks in Walton Well Road. There was also less concern apparent about noise from the Morris Motors E Block where vehicles are fitted out and motor bodies painted. Somewhat restricted progress appears to have been made at this factory with the use of special silencers, two only having been fitted, resulting in only slight reduction in the noise created by the two fans concerned. The high cost of fitting a complete battery of some 60 silencers is no doubt causing concern to the firm. Occasional complaints were received regarding noises such as the movement of trolleys during the night outside E Block, the handling of metal bins for refuse removal, and the clatter of motor bodies on transporters being parked at one end of the factory block. The Management re-arranged refuse removal and provided bags instead of metal bins, while attention was also given to the parking of vehicles and no night shift was operated on the outer line of the block, which immediately adjoins residential property.

There is certainly more general interest in noise creation but it is surprising how much noise people will tolerate under certain circumstances without complaining of a nuisance. It would seem that much depends on the frequency or otherwise of the noise created and its character in relation to the general background noises of the area concerned. No complaints were received with regard to vehicle noises (with chimes) etc., but there is no doubt that further noise complaints can be anticipated from time to time because of reaction to their special character and time of occurrence. Planning of industrial activities is of vital importance in this regard and the powers contained in Planning Acts as to the prevention at the outset of various nuisances is valuable. It seems clear also that the site planning in relation to residential development of industrial processes or other noise creating activities is extremely important, and particularly so in this City which is so very short of space for any further development at all.

**(xv) Swimming Baths and Bathing Facilities**

In addition to the open bathing places on the rivers Thames and Cherwell, which number 9 in all, used by the general public, private schools and colleges, there are 8 swimming baths provided, two of which are for public use and 6 for schools in the City. The following are the details:—

| *Site of Bath* | *Size of Pool* | *Source of Water* | *Treatment and Circulation* | *Supervision and Sampling* |
|---|---|---|---|---|
| Hinksey Open Air Pools, Lake Street. Formerly water service reservoirs, now fitted as swimming pools. | 3 pools 120′ × 75′<br>1 pool 171′ × 120′ | The principal water supply is from public main with a topping up from the adjacent river water. | Treatment includes rough screening, rapid sand filtration, chlorination treatment and aeration. | Supervision by members of the City Engineer's staff and weekly sampling by members of the Water Engineer's staff with regular checks by Public Health Inspectors. |
| Temple Road Bath, Cowley. | Single covered pool 75 × 35′ | Public mains. | Continuous circulation with efficient chlorination dosage. | Supervision by City Engineer's staff with regular sampling by City Water Engineer's staff. Visitation at regular intervals by Public Health Inspectors. |
| Oxford High School for Girls, Belbroughton Road. | 1 open pool 75′ × 30′ | Public mains. | Continuous circulation and efficient chlorination dosage. | General visit by District Public Health Inspector with regular sampling. |
| St. Edward's Public School, Woodstock Road. | 1 open pool 140′ × 35′<br>1 covered pool 60′ × 25′ | Public mains supply. | Regular voxsan chlorination dosage in each bath. No filtration, no continuous circulation. Emptying and refilling as deemed necessary. | Oversight by school staff with sampling by District Public Health Inspectors. |
| Headington Girls' High School. | 1 open pool 75′ × 25′ (56,000 galls. capacity) | Public mains supply. | No circulation. Empty and refill every 10 days. Voxsan chlorination dosage daily by school staff. Manual operation. | School staff supervision with sampling at intervals by Public Health Inspectors. |
| Rose Hill School | 1 open pool 35′ × 15′ | Public mains supply. | Small circulation plant with automatic chlorine dosage. | Supervision of plant and pool by school staff. Regular sampling during period of use by District Public Health Inspector. |
| Wood Farm Estate School. | 1 open pool 35′ × 15′ (6,750 galls. capacity) Pre-entry foot bath 5′ × 2′ × 1′ | Public mains supply. | Automatic continual chorination dosage plant. | Supervision by school staff. Sampling during period of operation by District Public Health Inspector. |
| New Marston School. | 1 open pool 40′ × 20′ | Public mains supply. | Automatic circulation plant and chlorine dosage. | Supervision by school staff. Sampling during period of use by District Public Health Inspector. |

With most of the school swimming pools in daily use during the summer months, daily testing is carried out by school staff and regular weekly inspections are made by District Public Health Inspectors who sample for available free chlorine and general hygiene. The pools are very popular for initial training and swimming exercise. Certain shortcomings are however evident; in particular the need for frequent attention to the removal of debris and sediment and the prevention of external contamination of the pools and their surrounds by dogs, etc. Despite these matters there was little cause for concern during the year with regard to any of the swimming pools and the rising interest shown in swimming lessons is to be commended and encouraged.

**(xvi) Water Supply**

The following report has been kindly supplied by the City Water Engineer (Mr. H. H. Crawley, A.M.I.C.E., M.I.W.E.).

The supply of water was adequate throughout the year.

The total quantity of water treated at Swinford Works and pumped to supply during 1961 was 3,363,343,000, an increase of 271,953,000 on the quantity treated in 1960.

After deducting metered supplies the average consumption per head per day was 27.3 gallons.

The quality of the water supplied was satisfactory except for the last three weeks of December during which taste trouble was experienced due to phenols in the River Thames. Dosing the raw water with activated carbon was not successful in eliminating the trouble.

**Bacteriological Examinations**

Samples of water from the River Thames, which is the source of supply, were taken each month together with samples after settlement after filtration and of the final water leaving Swinford Works. Examinations of these samples were made by the Public Health Laboratory and showed the following ranges in the probable number of coliform bacilli (2 days at 37°C) per 100 m.l.

| | |
|---|---|
| River Thames samples .. .. | 80 to 5,500 |
| Settled Water samples .. .. | 0 to 550 |
| Filtered Water samples .. .. | 0 to 35 |
| Final water samples .. .. | 0 |

In addition to the above 274 bacteriological samples of the final water were examined in the Department's Laboratory during the year, of which 259 were satisfactory.

Further bacteriological samples were taken at least weekly from each of the service reservoirs and from consumers' taps in various parts of the area of supply with the following results:—

| Place of Sampling | Total No. of samples taken | Results | | Satisfactory samples as percentage of total number % |
|---|---|---|---|---|
| | | Satisfactory | Unsatisfactory | |
| Beacon Hill Reservoir | 53 | 53 | — | 100 |
| Headington ,, | 53 | 52 | 1 | 98.1 |
| Shotover ,, | 52 | 51 | 1 | 98.1 |
| Boars Hill ,, | 54 | 49 | 5 | 90.7 |
| Brasenose ,, | 52 | 52 | — | 100 |
| Wootton ,, | 35 | 33 | 2 | 94.3* |
| Consumers' Taps | 264 | 246 | 18 | 93.1 |
| Totals .. | 563 | 536 | 27 | 95.2 |

* commissioned May, 1961

None of the unsatisfactory results were due to organisms of faecal type.

**Chemical Analyses**

Monthly samples of raw Thames water and of the final water were taken and examined by the Royal Institute of Public Health and in addition a weekly examination of raw and final water was made at Swinford Works.

The ranges of the physical and chemical characters of these samples were as follows:—

| | Raw Thames Water | | Filtered Water | |
|---|---|---|---|---|
| | Max. | Min. | Max. | Min. |
| Physical Characters— | | | | |
| Turbidity: units .. .. | 90 | 3 | 2.5 | nil. |
| Colour (Hazen) .. .. .. | 88 | 4 | 14 | nil. |
| pH .. .. .. .. | 8.9 | 7.4 | 8.2 | 7.4 |
| Electrical Conductivity at 20°C .. | 640 | 410 | 650 | 450 |
| | Parts per million | | Parts per million | |
| Chemical Characters— | | | | |
| Total solids dried at 180°C .. | 460 | 330 | 465 | 330 |
| Chlorides as Cl .. .. .. | 53 | 15 | 39 | 18 |
| Nitrite Nitrogen .. .. .. | nil. | .02 | nil. | nil. |
| Nitrate Nitrogen .. .. | 6.25 | 3.0 | 6.5 | 3.0 |
| Ammonised Nitrogen .. .. | .68 | nil. | .14 | nil. |
| Albuminoid Nitrogen .. .. | .46 | .05 | .22 | .01 |
| Oxygen absorbed 4 hrs. at 27°C | 6.5 | .40 | 1.90 | .15 |
| Alcalinity as $CaCO_3$ .. .. | 240 | 186 | 234 | 168 |
| Hardness as $CaCO_3$: | | | | |
| Carbonate .. .. .. | 246 | 185 | 246 | 165 |
| Non-Carbonate .. .. | 106 | 44 | 132 | 54 |
| Total .. .. .. | 338 | 240 | 340 | 238 |
| Free carbon dioxide as $CO_2$ .. | 31 | nil. | 22 | nil. |
| Residual Chlorine .. .. | — | — | .23 | .02 |
| Metals .. .. .. .. | — | — | nil. | nil. |
| Phosphate as $PO_4$ .. .. | 5.0 | nil. | .37 | nil. |
| Silica as $SiO_2$ .. .. .. | 18.2 | 1.0 | 10.0 | nil. |
| Fluorides .. .. .. | .24 | .14 | Not determined | |
| *Detergent as Manoxol O.T. .. | .47 | .11 | .35 | .11 |

*For period September to December

The number of dwelling houses in the City is 28,797, all of which are directly supplied.

In addition there are 77 caravans supplied by standpipes.

The total population is 106,410, of which it is estimated there are 192 persons living in the caravans.

## (B) HOUSING CONDITIONS

It was pleasing to note an increase in the number of families rehoused from unfit properties during the year, although there was a reduced number of houses dealt with in the Slum Clearance Programme. 50 houses were demolished, as against 60 last year, but 113 families were rehoused from unfit properties, an increase of 36. 3 Demolition Orders, 15 Closing Orders and 53 Certificates of Unfitness were made. The latter, of course, relate to properties purchased by the City Council for purpose of clearance.

The decision on the roads enquiry was still outstanding at the end of 1961. The clearance of another large portion of the St. Ebbe's area is almost finished. Occupation of the new blocks of flats and maisonettes, now erected near the river in St. Ebbe's, has taken place, and when gardens are laid out this year, should appear quite attractive. Car parks still occupy most of the cleared sites in the area but are certainly far from sufficient to meet the ever growing demand by motorists for accommodation near the City centre. Most of the unfit property in St. Ebbe's has now been inspected and not many properties are left for final action. Attention is now being switched to the remnants of worn-out property still remaining in the St. Clement's and St. Barnabas areas. In this latter area it is noted that a large group of the better type cottage property has been purchased from the owners (St. John's College) by a private body for purpose of redevelopment, and it will be interesting to see the practical outcome of this deal. There still remain approximately 150 houses which might require closure and demolition within the next two years or so in order to complete our programme of so-called Slum Clearance.

Demand for dwellinghouses continues to grow and the City is woefully short of land for housing development. To build upwards rather than outwards now seems unavoidable and the opening of the first high blocks of flats at Blackbird Leys is awaited with interest. Other shorter blocks of flats and maisonettes are being constructed by private firms in other parts of the City to meet the demand for small housing units. The Housing Act 1961, which became operative in November, changes the financial arrangements for housing accommodation and endeavours to encourage redevelopment, overspill housing and the like by the offer of high subsidies. Subsidies payable for housing will depend upon the condition of the Housing Revenue Account of each Local Authority. An attempt is also made to deal with houses in multiple occupation. Power to make regulations for management of such houses is prescribed and the Ministry intend to make regulations early in 1962. After three years' operation of the Act, Local Authorities may apply for permission to maintain a register of houses in multiple occupation. The register need not apply to the whole of the Local Authority's area and may be restricted to certain types of accommodation. It will be the duty of persons concerned with such premises to notify the Local Authority when multiple

occupation has taken place or circumstances have changed. Multiple occupation of dwellinghouses has been accepted as inevitable and is likely to remain for a considerable time because of shortage of dwellings.

More smaller units of accommodation are required for the older population. Under occupation of dwellinghouses is now receiving greater attention because of its importance in general housing allocation. The new regulations may help to achieve reasonable conditions for those who are compelled to share accommodation. In the 1951 census returns there were no less than 4,800 households in shared dwellings within the City out of a total of nearly 28,000 households. This figure may now well be more rather than less. A growing number of immigrants to this country are taking up residence in the City and from time to time complaints are received regarding conditions under which they are living. Overcrowding tends to exist among these persons, although it is not confined to families of immigrants, and it is important that this receives attention as soon as possible, despite the difficulties arising because of scarcity of other accommodation for the surplus population. Much difficulty exists on account of the language barrier, although University interests may be able to assist from time to time in regard to this problem. This City may be more fortunate than some in that its percentage of immigrants is not yet large but labour demands by the Cowley industries undoubtedly attract such people to Oxford in the hope that employment may be secured and an attempt made to become absorbed into the English way of life. Many, indeed, have succeeded and are living useful and respectable lives in the community. Time will be needed for this problem to settle down.

Overcrowding was not unduly prominent during the year and 55 visits were made to dwellinghouses in that connection. Informal action resulted in 9 cases being abated and only 1 Formal Notice was served during the year. This involved multi-occupation of a dwelling by numerous immigrants and the person in control was not easily convinced of the need for compliance with reasonable standards. By the end of the year, however, conditions had much improved and it seems unlikely that the matter will reach the Courts. In another case no less than 7 bed places were found erected in one bedroom !

Some thought was being given, towards the end of the year, of the advisability of carrying out some form of survey in order to secure a clearer picture of the situation in connection with multi-occupied houses. In any case legislation is expected and regulations are to be made and the information secured by a preliminary survey would no doubt be valuable in formulating general policy. Certainly it would be unwise to allow the conditions to continue unchecked for the supply of accommodation generally available is quite inadequate for all those who need it and there seems little hope of any great improvement in the immediate future.

Housing improvements are not being carried out as extensively as one could wish and in any case almost the whole of the Improvement Grant scheme activity has been related to houses occupied by owners

Much more requires to be done in connection with rented property and landlords will need much more stimulation to interest them in considerable expenditure on improvement works. Improvement Grant applications received by the City Engineer during the year numbered 84 in respect of Discretionary Grants and 84 were issued to a value of £18,208. 68 applications for Standard Grants were also received and 63 approved to a value of approximately £6,485. Supervision of the work of improvement is carried out by the Chief Building Inspector and his staff, although this Department has an opportunity of making observations in all cases before grants are approved. Lists of applications are sent at regular intervals by the City Engineer so that we may have an opportunity of commenting on housing conditions which might affect the Grants.

Land Charge enquiries made through the Town Clerk's Department reached a total of 1,574, a slight increase on the number received during the previous year. Only three applications were received for Certificates of Disrepair and one application for cancellation was made. This underlines the apparent failure of the Rent Act provisions in making progress in the disrepair section of housing conditions. There seem very few districts where much use has been made of the Rent Act provisions for repairing property in the lower rateable value class.

Much activity is now apparent at the new Cowley Centre, where shopping and social facilities are being provided for the Cowley community. These facilities will form an important part of general community development not very far distant from the Blackbird Leys housing estate, which continues to expand. A connecting roadway and bridge are almost completed and these will enable estate residents to make fuller use of all the facilities which are being provided at Cowley for residents living on both sides of the intersecting Southern By-pass road.

## Repairs and Improvements carried out, 1961

| Items | Dwelling Houses | Food Premises | Other Premises | Total |
|---|---|---|---|---|
| Accumulations Removed .. | 9 | 14 | 2 | 25 |
| Animal Nuisances Abated .. | — | 1 | — | 1 |
| Cooking Accommodation .. | — | 3 | — | 3 |
| Dampness Remedied .. .. | 14 | — | — | 14 |
| Dustbins .. .. .. .. | 5 | 2 | — | 7 |
| Drains Tested .. .. .. | 6 | — | 3 | 9 |
| Drains/Waste Pipes Cleared .. | 21 | 12 | 4 | 37 |
| Drains/Waste Pipes, etc. Repaired | 12 | 1 | 3 | 16 |
| Doors/Windows Repaired .. | 13 | 8 | — | 21 |
| Ditches/Streams Cleansed .. | — | 1 | — | 1 |
| Floors Repaired/Renewed .. | 15 | 21 | — | 36 |
| Food Cupboards .. .. .. | 4 | 6 | — | 10 |
| Food Lifts—Cleaned/Rep. .. | 1 | — | — | 1 |
| Food Hygiene (Coverings) .. | — | 2 | — | 2 |
| Gutters, Spouting .. .. | 16 | 1 | — | 17 |
| Hot Water Supply .. .. | 6 | 9 | — | 15 |
| Lighting Improved .. .. | 3 | 15 | — | 18 |
| Manure Pits Emptied/Rep./Improved .. .. .. .. | — | — | — | — |
| Piggeries Cleansed/Repaired .. | — | — | — | — |
| Roofs Repaired/Renewed .. | 38 | 4 | 2 | 44 |
| Rooms Cleansed/Redecorated .. | 9 | 16 | — | 25 |
| San. Accom. Prov./Rep. .. | 8 | 29 | 5 | 42 |
| San. Accom. Cleansed and Redecorated .. .. .. | 1 | 19 | 15 | 35 |
| Sinks/Wash Basins Rep./Prov .. | 7 | 15 | 6 | 28 |
| Sites Cleared .. .. .. | 46 | — | 4 | 50 |
| Smoke Nuisances (Industrial) .. | — | — | 2 | 2 |
| Smoke Nuisances (Clean Air Zone) | 12 | — | — | 12 |
| Stables Cleansed .. .. .. | — | — | — | — |
| Ventilation Improved .. .. | 4 | 6 | 1 | 11 |
| Walls and Chimneys (External) .. | 18 | — | — | 18 |
| Walls and Ceilings (Internal) .. | 25 | 59 | — | 84 |
| Water Supply Prov./Reinstated | — | 2 | — | 2 |
| Water Heaters Provided .. .. | — | 7 | 2 | 9 |
| Water Supply Installed .. .. | 1 | 2 | — | 3 |
| Yards Repaired, etc. .. .. | 3 | 3 | — | 6 |
| Other Nuisances .. .. .. | 4 | 29 | 1 | 34 |
| Totals .. .. .. | 301 | 287 | 50 | 638 |

## (C) SUPERVISION OF MILK, MEAT AND OTHER FOOD SUPPLIES

### (i) Milk and Milk Products

There was a considerable increase in the number of distributors on the register at the end of the year, there being 121 as against 69 during 1960 and 55 during 1959. The large increase is due, of course, to the new requirement for general registration of all persons selling milk in closed containers. This is a rapidly growing practice and, together with increased numbers of milk machines holding refrigerated milk in cartons, suggests a widening scope in the public milk service. Over-the-counter sales are increasing and there is growing interest in cartoned milk.

The only treatment depot in the City of that of the Co-operative Society in Botley Road. This has operated satisfactorily for a considerable time and, while not a model plant, has proved to be efficient. It supplies a considerable proportion of the City population. A system of storing ready filled trailers of bottled milk for early morning delivery in a large cold store has worked well, the only anxiety having been in connection with the proper collection and disposal of returned bottled milk. No ungraded milk is available in the City as all milk is of special designation and predominantly heat treated. Only a few pints of specially ordered tuberculin tested raw milk are sold within the City. 87 shopkeepers now sell bottled milk, as against 44 last year, and sterilised bottled milk is distributed by a number of firms, including the Oxford and District Co-operative Society, through their branches.

Milk is examined locally for fat content and non-fatty solids—Gerber apparatus being available in the office for the purpose. 137 (103) samples were examined during the year of which 45 (33) samples of Channel Island quantity showed a fat content averaging 4.26% (4.50%) with non-fatty solids at 9.71% (9.04%) 92 samples of ordinary designated milk averaged 3.88% (4.03%) fat content, with non-fatty solids at 8.29% (8.72%). These figures, while satisfactory, show a definite decline on those achieved last year. All samples proved to be well above the official standard. There was therefore no need to refer any to the City Analyst nor to take follow-up samples. Of course, milk depot staffs also carry out regular quality assessment of milk supplies and usually inform this Department when sub-standard supplies are received so that official samples may be taken. No unsatisfactory samples were notified during the year.

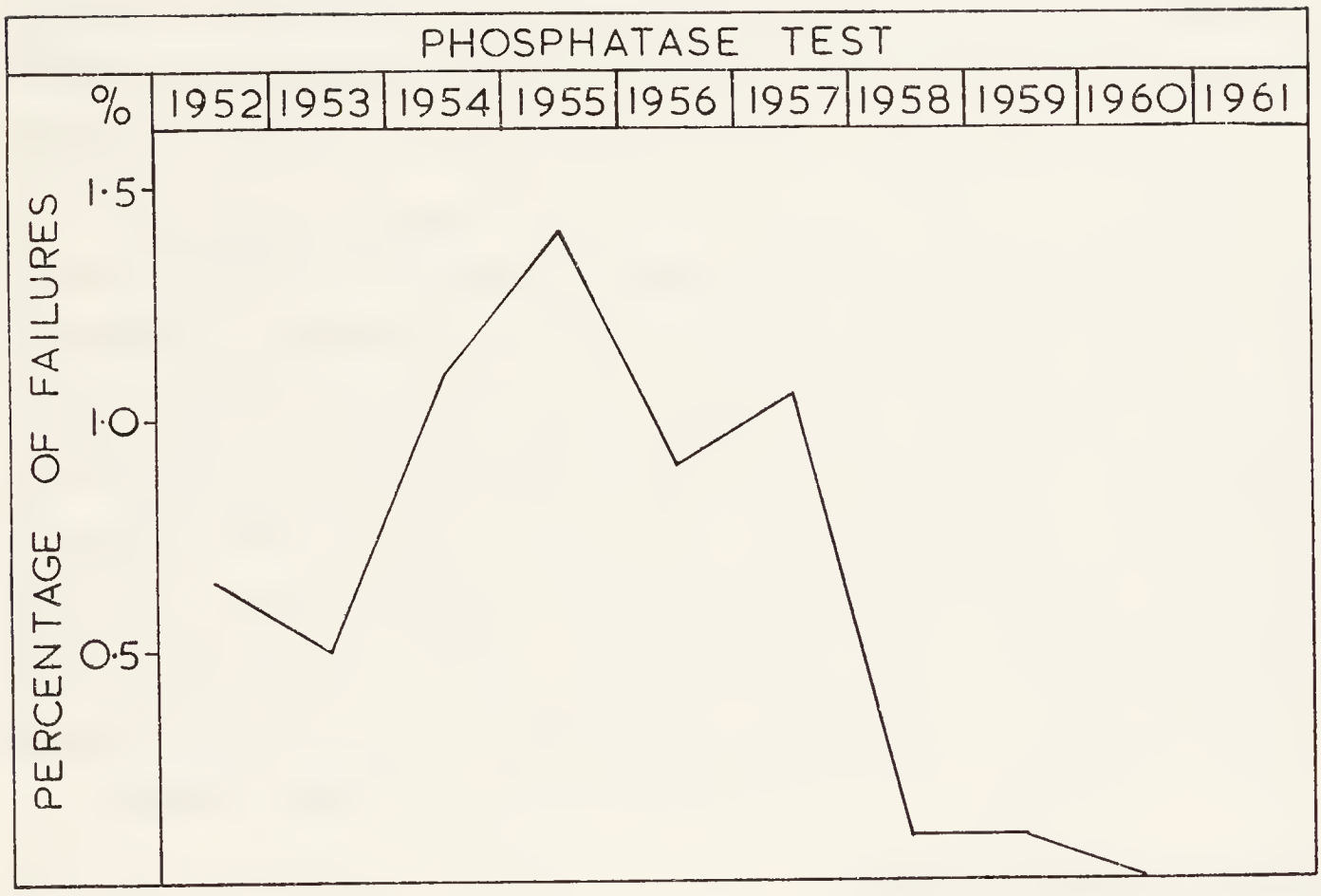
During the year 433 (370) samples of milk were taken for assessment of keeping quality and 398 (180) satisfied the keeping quality test. 7 samples of school supplies, specially taken for examination, satisfied the appropriate tests. The results show considerable improvement on those of the previous year, due, no doubt, to the new method of assessing keeping quality which does not take laboratory temperatures into consideration. All pasteurised milks were subjected to the phosphatase test and were found satisfactory. 17 (13) samples of sterilised milk were

examined by the turbidity test and only one failed. Despite considerable investigation, no reason could be found for this unsatisfactory result. Milk quality generally was satisfactory, while heat treatment continued to be maintained at high level. Considerable credit is due to those responsible for the production, handling and treatment of the City milk supply. There is still concern about infection of milk with Brucella abortus, the organism responsible for Undulant Fever in human beings. A national effort to eradicate this infection of cattle is essential and Veterinary Officers of the Ministry have this very much in mind.

## Milk Sampling Results

| | Samples tested | Satisfactory | Failed |
|---|---|---|---|
| Raw Milk (*Methylene Blue Test*) | | | |
| T.T. (Farmbottled) .. | — | — | — |
| T.T. .. .. .. | — | — | — |
| Ungraded .. .. | 12 | 12 | — |
| Total .. .. | 12 | 12 | — |
| Heat Treated Milk (*Methylene Blue Test*) | | | |
| Pasteurised .. .. | 142 | 127 | 15 |
| T.T. Pasteurised .. | 282 | 263 | 19 |
| Total .. .. | 424 | 390 | 34 |
| Heat Treated Milk (*Phosphatase Test*) | | | |
| Pasteurised .. .. | 142 | 142 | — |
| T.T. (Pasteurised) .. | 282 | 282 | — |
| Total .. .. | 424 | 424 | — |
| Heat Treated Milk (*Turbidity Test*) | | | |
| Sterilised.. .. .. | 17 | 16 | 1 |
| Total .. .. | 17 | 16 | 1 |

**Phosphatase Test Percentage Table**
**1952—1961**




**Tubercle Bacilli in Milk**

4 samples of raw milk were examined for tubercle bacilli by biological test and were negative, but no samples of pasteurised milk were examined during the year.

**Ice Cream**

There was a large increase in the number of ice cream dealers registered, there being 636 as against 447. While most ice cream is manufactured by large firms of national repute and sold pre-packed, there now seems a growing interest in the manufacture and sale of soft ice cream. Extrusion freezers now on the market are being fitted in mobile vehicles and containers of ice cream mix are carried, the contents being poured into the machine as required, water being the only additional material. The filling of cones is a simple matter and the machines are capable of providing double flavoured ice cream as required. It is anticipated that sales will increase further during the ensuing year.

14 samples taken under the Food and Drugs Act and examined for quality by the City Analyst averaged 10.09% fat and 17.89% sugar, with total solids 37.05%. One or two samples were not very much above the national minimum of 5% fat content. 54 samples examined for bacteriological standard showed 39 as satisfactory within Grades I and II and 15 unsatisfactory within Grades III and IV. The latter were mainly involved in follow-up tests in respect of one or two unsatisfactory sample results and are no guide to the general hygienic quality of the ice cream supply. On the whole, conditions under which this commodity is manufactured and sold in the City are good.

### (ii) Clean Food Campaign

#### (a) Inspection of Food Premises

4,827 visits were made during the year to food premises of all kinds for purposes of control under the Food Hygiene Regulations. Only 12 "on the spot yellow tickets" were served on persons in control, as against 27 during the previous year. These "on the spot" notices are most useful for emphasising details of contraventions at the time of inspection. They have a salutary effect and it is pleasing to note that the numbers served have dropped continuously since they were first introduced. Perhaps the most notable problem in the food production and handling industry in this City is the difficulty experienced by management in securing adequate, suitable staff. Labour is in very short supply because of the major effect of the Motor Car Industry on the labour pool. It is therefore all the more gratifying to note the generally satisfactory conditions under which food is prepared and sold. The Covered Market continues to present a more satisfying appearance and general handling standards are much improved. No further progress has yet been made with improvement of the fish stalls but it is confidently anticipated that this will not be long delayed.

**Inspection of Food Premises**

| Premises | No. | Inspections |
|---|---|---|
| Bakehouses | 17 | 149 |
| Butchers | 83 | 647 |
| Cake Shops | 33 | 125 |
| Confectioners | 71 | 194 |
| Dairies and Milk Depots | 15 | 153 |
| Fishmongers and Poulterers | 17 | 244 |
| Preparation and Service of Food | 238 | 1,253 |
| Fruiterers and Greengrocers | 78 | 332 |
| Grocers | 212 | 942 |
| Ice Cream Manufacturers | 5 | 34 |
| Miscellaneous (including Ice Cream Retailers, etc.) | — | 2,194 |
| Market Stalls, Hawkers, etc. | 42 | 301 |
| St. Giles' Fair Food Stalls | 54 | 604 |
| Visits *re* Sampling | — | 197 |
| Public Houses and Social Clubs | 154 | 207 |

#### (b) Hygiene, Education and Publicity

Continued effort was made to get information over to food handlers and to groups of the general public. Our visual aids continue to be popular, including colour film strips, slides and an increasing number of samples of various kinds to illustrate special points. Lectures are given to Medical Students at the Radcliffe Infirmary and to District Nurses and Nursery Nurses as part of their official syllabus of study, and a primary course in Meat Technology was given to Co-operative apprentices in co-operation with the College of Technology. Assistance with lectures is also given to the Licensed Victualling Trade in connection with their official training course, while talks on the hygiene of general environment and food handling have been given to Domestic Science and Senior School Classes. Illustrated talks have also been given to Townswomen's Guild

groups and Women's Institutes. The local press have been most helpful in supporting our publicity from time to time, and they are to be commended for their issues including illustrated supplements which have proved most useful and helpful in presenting facts from different points of view.

**(c) Hospital Hygiene**

Close liaison with Hospital Board Officials was maintained during the year with particular regard to the inspection of food preparation and storage of food at hospital premises. Treatment against pest infestations has also been carried out under contract and a considerable amount of work against Pharoah's Ant infestation was carried out at the Radcliffe Infirmary with encouraging results. Inspectors visit the kitchens, laundries, etc., and advise on hygienic standards and supervise the work of disinfestation as necessary. Altogether 308 visits were made during the year. Visits by Inspectors appear to be appreciated and staff co-operate readily in steps to secure improved conditions.

Despite building operations of considerable magnitude at the Radcliffe Hospital, the treatment against Pharoah's Ant infestation proceeded smoothly and efficiently and the use of insecticidal lacquer having residual properties has proved very successful. Complaints were rapidly reduced and during the last few months have been almost absent. The use of modern insecticides, following liver baiting, has been practised and the use of the lacquer thereafter appears to have eradicated the pests from many areas. While the kitchens at the Radcliffe leave something to be desired insofar as hygienic arrangement is concerned, the staff are coping quite well with conditions. It is hoped that the modernisation of these kitchens will not be long delayed. Improvements have been carried out at the Churchill Hospital premises and the kitchens are now much better than they were. Arrangements for the collection and disposal of refuse will probably be improved during the ensuing year as a modern incinerator is being constructed at the Churchill Hospital to replace the existing out of date apparatus at the Radcliffe which, in any case, must be moved to allow new building operations on the site. A modern paper bag storage system is likely to be installed with regular daily removal to the Churchill incinerator site for disposal there. It is hoped that this modern plant, which is smokeless in operation, will cope adequately with demand.

**(iii) Meat Inspection**

Of the two Slaughterhouses in regular operation in the City—that at the Botley Road depot of the Oxford and District Co-operative Society has been considerably improved and continued to operate most successfully and efficiently. Modernisation of the premises at Eastwyke Farm is long overdue and it was hoped that work would commence before the end of the year. This was not possible. A long awaited decision on the Relief Roads, which were of major importance to the developments at

Eastwyke Farm, has now been made and works of renovation should commence before Easter 1962.

Meat inspection at the Slaughterhouses continues to be carried out by the District Inspectors on a rota basis of weekly duty (approximately 1 in 4) so that each Inspector has an opportinity of keeping up interest in practical meat inspection as a change from his routine district work. Slaughtering continued within reasonable hours and little overtime was recorded. No slaughtering, except in exceptional circumstances, is carried out on Saturdays, Sundays or Bank Holidays. The Department is grateful for the continued co-operation received from both the Co-operative Society staff and those of Messrs. L. Alden and Son at Eastwyke Farm where, despite difficulties, work proceeds smoothly. It should also be noted that close co-operation exists with the Divisional Veterinary Officer of the Ministry in connection with animal diseases and conditions found during meat inspection. The staff of the Public Health Laboratory Service and the Morbid Anatomy Department of the Radcliffe Infirmary continue to be most co-operative in the examination of specimens.

Cold storage exists at certain premises including the Co-operative Society and the bakeries of Messrs. Weeks and Co., and Oliver and Gurden Limited, while the Deep Freeze Company at Wolvercote continues to fulfil a useful function. Carcases of animals affected by Cysticercus Bovis are given the usual cold storage precaution at one or other of the premises by arrangement with the proprietors.

Details of throughput at each slaughterhouse are as follows:—

| | *Eastwyke* | *Co-op.* |
|---|---|---|
| Steers .. .. .. | 1,130 | 1,279 |
| Cows .. .. .. | 142 | 362 |
| Heifers.. .. .. | 866 | 1,805 |
| Calves .. .. .. | 1,077 | 335 |
| Sheep .. .. .. | 10,353 | 11,145 |
| Pigs .. .. .. | 3,541 | 6,886 |
| | 17,109 | 21,812 |
| | Total: | 38,921 |

The number of animals slaughtered and inspected at the Slaughterhouses over the last ten years (1952-61) averaged 32,483 animals per year. This year's throughput is considerably above that figure.

**Cysticercus Bovis**

15 suspected cases of this condition (tape-worm cysts) were observed during the period. There were 19 during 1960, 15 during 1959 and 27 during 1958. Cold storage precautions were taken in each case and reference to the origin of each animal was made to the Divisional Veterin-

ary Officer of the Ministry. Of the 15 suspected cases, 8 were confirmed as viable Cysts and 4 as Cysts in various stages of degeneration. The other 3 were reported as granulomata. 13 cases involved cheek muscles and only 2 were found in heart muscle.

**Liver Fluke (Fascioliasis)**

There was an increased incidence in sheep livers but a reduction in the number of bovine livers affected. This parasite causes much cirrhosis (hardening) of liver tissue with thickening of bile ducts—the so-called pipey liver—which is often ruined as food for human consumption. The figures in the following table show the variation from year to year.

| Year | Bovines Inspected | Bovines Affected | Per-centage | Sheep Inspected | Sheep Affected | Per-centage |
|---|---|---|---|---|---|---|
| 1952 | 11,823 | 1,288 | 10.81 | 15,602 | 377 | 2.41 |
| 1953 | 9,502 | 1,119 | 11.75 | 15,017 | 541 | 3.57 |
| 1954 | 8,982 | 734 | 8.14 | 18,079 | 254 | 1.39 |
| 1955 | 6,392 | 777 | 12.12 | 12,847 | 197 | 1.51 |
| 1956 | 7,779 | 1,057 | 13.52 | 17,722 | 205 | 1.14 |
| 1957 | 6,310 | 548 | 8.66 | 11,042 | 29 | 0.26 |
| 1958 | 5,542 | 668 | 12.02 | 11,491 | 59 | 0.51 |
| 1959 | 4,993 | 1,176 | 23.55 | 19,066 | 641 | 3.36 |
| 1960 | 5,971 | 1,068 | 17.88 | 18,225 | 182 | 0.99 |
| 1961 | 5,584 | 936 | 16.41 | 21,498 | 336 | 1.56 |

**Tuberculosis**

This disease is fast becoming a rarity in the Slaughterhouse and is almost a museum piece to the modern Meat Inspector as it is so seldom found in meat inspection practice. It is now an established routine to notify the Divisional Veterinary Officer of the Ministry of any Tuberculous lesions found in slaughtered animals with a view to tracing, if possible, the source of infection. The virtual elimination of this disease from most herds in the country and attention of national control makes every case found of increasing importance. There was a further reduction in the incidence among pigs and samples from animals submitted to the Laboratory Service for diagnosis showed the following results:—

| | |
|---|---|
| Number of pigs from which samples were taken .. .. | 48 |
| Number diagnosed as Tuberculous .. .. .. | 31 |
| Number diagnosed as Pseudo-tuberculosis .. .. | Nil |
| Number diagnosed as Other Conditions .. .. .. | 17 |

These other conditions were as follows:—

| | |
|---|---|
| Chronic abscess .. .. .. .. .. .. | 1 |
| Sinus cataarh .. .. .. .. .. .. .. | 3 |
| Reactive hyperplasia .. .. .. .. .. | 2 |
| Necrosis .. .. .. .. .. .. .. | 2 |
| Old granuloma .. .. .. .. .. .. | 1 |
| Medullary fibrosis .. .. .. .. .. .. | 1 |
| Non-specific hyperplasia .. .. .. .. .. | 1 |
| Chronic lymphadinitis .. .. .. .. .. | 1 |
| No evidence of Tuberculosis .. .. .. .. | 5 |

The positive cases showed acid fast organisms in direct film with morphological characteristics in sections and in two cases cultures were successful, both being of human type. Both animals affected were from the same dealer but it was not possible to trace the source of the infection. The positive cases were notified to the Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food.

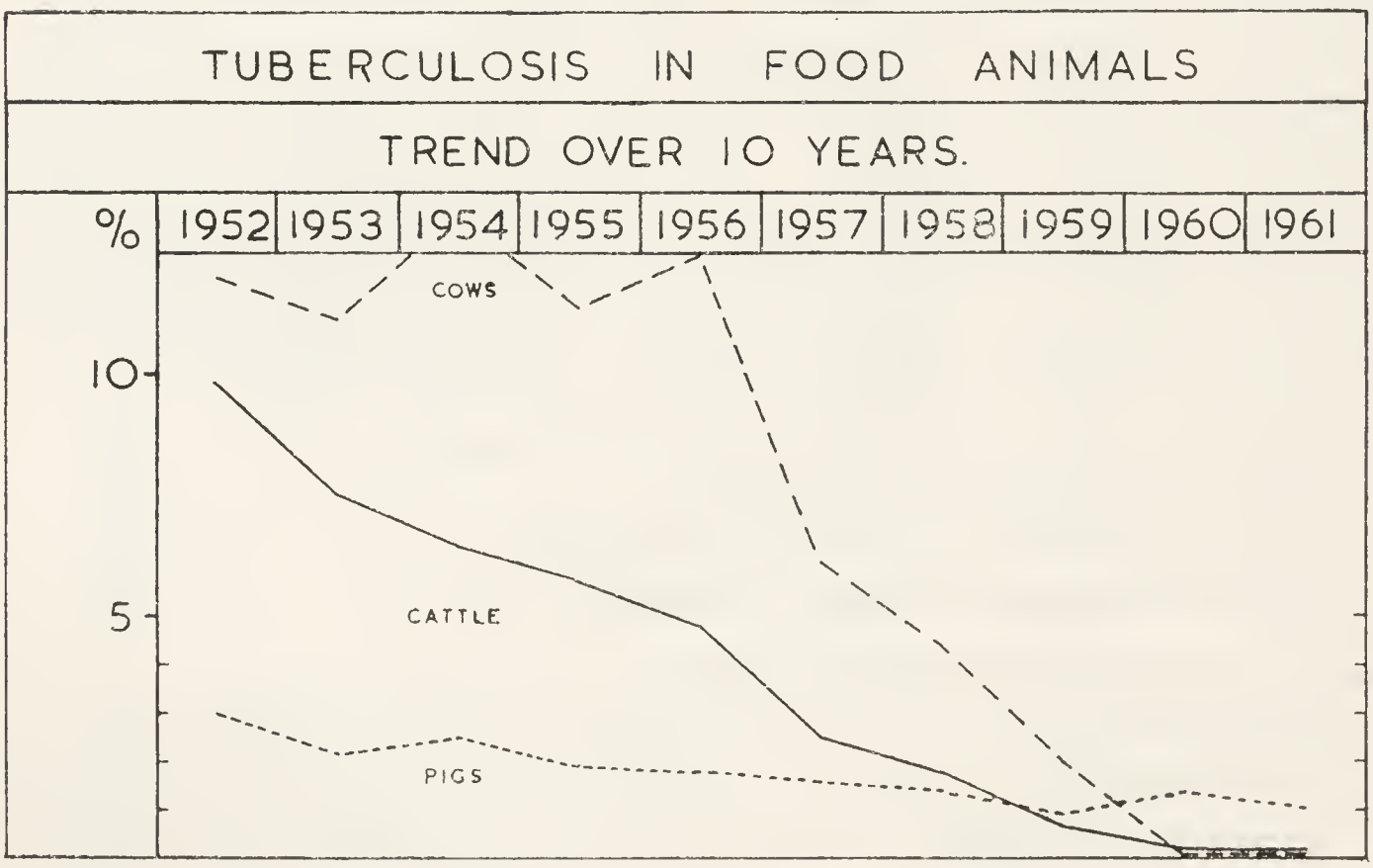
During the previous year 29 samples were examined of which 21 were recorded as Tuberculosis.

**Percentage of Animals affected with Tuberculosis**

| | Cattle | Cows | Calves | Pigs |
|---|---|---|---|---|
| 1951 | 11.0 | 20.3 | 0.1 | 5.9 |
| 1952 | 9.8 | 12.0 | 0.09 | 3.0 |
| 1953 | 7.5 | 11.2 | 0.09 | 2.2 |
| 1954 | 6.5 | 13.3 | — | 2.5 |
| 1955 | 5.7 | 11.4 | 0.08 | 1.9 |
| 1956 | 4.8 | 12.5 | 0.1 | 1.8 |
| 1957 | 2.5 | 6.1 | 0.05 | 1.6 |
| 1958 | 1.8 | 4.4 | — | 1.4 |
| 1959 | 0.7 (Adult Cattle) | — | — | 0.9 |
| 1960 | 0.07 | 0.01 | — | 1.34 |
| 1961 | 0.08 | 0.03 | — | 1.04 |

**Tuberculosis in Food Animals**

**Trend over 10 years**




**Tuberculosis in Food Animals, 1961**

| Portions dealt with | Bovines | Pigs | Totals |
|---|---|---|---|
| | No. | No. | No. |
| Whole Carcases .. .. .. .. .. | — | — | — |
| Part Carcases .. .. .. .. .. | — | 38 | 38 |
| Whole Offal .. .. .. .. .. | — | 1 | 1 |
| Part Offal .. .. .. .. .. | 3 | 69 | 72 |
| Totals .. .. .. .. .. | 3 | 108 | 111 |

## Inspections and Condemnations, 1961

| | Adult Cattle | Calves | Sheep and Lambs | Pigs |
|---|---|---|---|---|
| Number killed .. .. .. | 5,584 | 1,412 | 21,498 | 10,427 |
| Number inspected .. .. .. | 5,584 | 1,412 | 21,498 | 10,427 |
| All diseases *except* Tuberculosis: | *No.* | *No.* | *No.* | *No.* |
| Whole carcases condemned .. | 12 | — | 7 | 3 |
| Carcases of which some part or organ was condemned .. | 1,411 | 11 | 516 | 1,001 |
| *Percentage* of the number inspected affected with disease *other than* tuberculosis .. | 25.48% | 0.78% | 2.43 % | 9.6 % |
| Tuberculosis only: | | | | |
| Whole carcases comdemned .. | — | — | — | — |
| Carcases of which some part or organ was condemncd .. | 3 | — | — | 108 |
| *Percentage* of the number inspected affected with tuberculosis .. .. .. .. | 0.05% | — | — | 1.03% |

## Diseases other than Tuberculosis in Food Animals, 1961

| | *Carcase* | | *Offal* | |
|---|---|---|---|---|
| | Total | Partial | Total | Partial |
| *Adult Cattle* | | | | |
| Johne's diseasc .. .. .. .. | — | — | — | — |
| Actinobacillosis (Mycosis) .. .. | — | — | — | 22 |
| Septicacmic conditions .. .. | — | — | 1 | 1 |
| Pneumonia and/or pleurisy .. .. | — | — | — | 25 |
| Peritonitis .. .. .. .. | — | — | — | 6 |
| Mastitis .. .. .. .. .. | — | — | — | — |
| Hepatic abscess .. .. .. | — | — | — | 304 |
| Fascioliasis (fluke) .. .. .. | — | — | — | 936 |
| Parasitic pneumonia .. .. .. | — | — | — | — |
| Echinococcosis .. .. .. .. | — | — | — | 19 |
| Cysticercosis (C. bovis) rejected .. | — | — | — | 15 |
| ,, ,, refrigerated .. | 15 | — | — | 15 |
| Tumours .. .. .. .. | — | — | — | 9 |
| Bruising .. .. .. .. | — | 2 | — | — |
| Emaciation .. .. .. .. | — | — | — | — |
| Other conditions .. .. .. | 1 | 1 | 4 | 54 |
| Totals .. .. .. .. | 16 | 3 | 5 | 1,406 |
| *Calves* | | | | |
| All septicaemic conditions .. .. | — | — | — | — |
| Joint-ill or navel-ill .. .. .. | — | — | — | — |
| Immaturity .. .. .. .. | — | — | — | — |
| Other conditions .. .. .. | — | — | 1 | 9 |
| Bruising .. .. .. .. | — | 1 | — | — |
| Totals .. .. .. .. | — | 1 | 1 | 9 |

| | | | | |
|---|---|---|---|---|
| *Pigs* | | | | |
| Swine erisipelas | — | — | — | — |
| All septicaemia conditions | 1 | — | 1 | — |
| Pneumonia and/or pleurisy | — | — | 3 | 453 |
| Pyaemia | — | — | 3 | — |
| Echinococcosis | — | — | — | 1 |
| Ascariasis (milk spot) | — | — | 6 | 320 |
| Brusing | — | 2 | — | — |
| Abscess | — | — | — | 3 |
| Other conditions | 2 | 7 | 3 | 91 |
| Totals | 3 | 9 | 16 | 868 |
| *Sheep* | | | | |
| All septicaemic conditions | 2 | 1 | 2 | — |
| Fascioliasis (fluke) | — | — | 25 | 311 |
| Pneumonia and/or pleurisy | — | — | — | 6 |
| Parasitic pneumonia | — | — | — | — |
| Cysticercus bovis | — | — | — | 2 |
| Echinococcosis | — | — | — | 67 |
| Bruising | 1 | 3 | — | 3 |
| Emaciation | 2 | — | — | — |
| Other conditions | 2 | 3 | — | 93 |
| Totals | 7 | 7 | 27 | 482 |

**Unsound Meat**

With the coming into force in 1960 of the Meat (Staining and Sterilisation) Regulations, all meat which is unfit for human consumption must be sterilised before it is sent from a slaughterhouse unless there are no provisions available for such sterilisation. In such cases the unsound material is removed by arrangement with an authorised officer of the Local Authority, to a place where sterilisation or destruction is carried out. It is usual for such meat to be digested for its available fat and the residue valuable as fertiliser. Veterinary Schools, Manufacturing Chemists, zoos, mink farms, etc., are exempted from the requirement. Vehicles transporting the material from slaughterhouses must be appropriately marked.

Unsound meat from the Oxford Slaughterhouses is collected by an approved processor who transports it to a depot for treatment. A small amount is authorised for use at dog kennels and mink farms, while pharmacological interests also collect certain organs. The amount of meat condemned locally continues to be small in relation to the slaughtering programme. No official seizure of meat for condemnation was necessary during the year, all unsound material being informally surrendered.

**(iv) Sampling of Food and Drugs**

153 (151) samples of food and drugs were submitted to the Public Analyst and 6 (6) were returned as non-genuine. Informal samples of milk continued to be examined by the Gerber process in the office laboratory and all samples proved satisfactory. No unsatisfactory quality milks were notified by local depots. This is a most gratifying state of affairs. The six non-genuine food samples included:—

(1) Bisto—unsatisfactory label—manufacturers agreed to alter colour scheme so as to improve visibility of inscription.
(2) Lobster Bisque—misleading description of imported article from France—the French manufacturers were advised to alter the label on future export.
(3) Soup powder—unsatisfactory label on import from Germany—the manufacturers were asked to alter the label on future export.
(4) Fresh cream (informal)—10.8% deficiency in fat—formal sample proved satisfactory.
(5) Fresh cream (informal)—2% deficiency in fat—formal sample proved satisfactory.
(6) Brown Loaf—contained portion of label—prosecution resulted in £25 fine with 5 guineas costs.

The following resulted in warnings by the Health Committee in each case:—

Mouldy custard tart
Mouldy white loaf
Mould in pork pie
Mouldy sausages
Mouldy chocolate roll
Mouldy loaf
Mouldy Kraft cheese snack
Label in white loaf
Grease in milk loaf
Fibrous material in loaf
Metal in faggot
Pin in grapefruit
Grease in loaf
Fly in loaf
Wasps in orange drink
Insect in doughnut
Wood in butter
Metallic traces in butter
Wire in loaf
Webbing fibres in biscuit
Beetle in bread
Artificial fibre in biscuit

## Samples taken for Analysis during the year 1961

| Article | No. of Samples obtained | | | Result of Analysis | |
|---|---|---|---|---|---|
| | Informal | Formal | Totals | Genuine | Non-Genuine |
| Beverages .. .. | 7 | — | 7 | 7 | — |
| Brown Loaf .. .. | — | 1 | 1 | — | 1 |
| Confectionery .. .. | 5 | — | 5 | 5 | — |
| Cooking fat .. .. | 4 | — | 4 | 4 | — |
| Crab (Canned) .. | 1 | — | 1 | 1 | — |
| Cream (Canned) .. | 2 | — | 2 | 2 | — |
| Cream (Fresh) .. | 4 | 5 | 9 | 7 | 2 |
| Fish (Canned) .. | 2 | — | 2 | 2 | — |
| Flavourings and Colourings | 3 | — | 3 | 3 | — |
| Flour products .. | 30 | — | 30 | 30 | — |
| Fruit (Prepared) .. | 1 | — | 1 | 1 | — |
| Ice Cream .. .. | 14 | — | 14 | 14 | — |
| Ice Cream Powder .. | 5 | — | 5 | 5 | — |
| Nuts .. .. .. | 1 | — | 1 | 1 | — |
| Prepared Meats .. | 1 | — | 1 | 1 | — |
| Preserves .. .. | 16 | — | 16 | 16 | — |
| Sauces .. .. | 17 | — | 17 | 16 | 1 |
| Sausages (Pork) .. | — | 1 | 1 | 1 | — |
| Soups .. .. .. | 14 | — | 14 | 12 | 2 |
| Spices .. .. .. | 12 | — | 12 | 12 | — |
| Spreads .. .. | 4 | — | 4 | 4 | — |
| Tea .. .. .. | 3 | — | 3 | 3 | — |
| Totals .. | 146 | 7 | 153 | 147 | 6 |

There is no doubt that indiscriminate sampling of food and drugs is a waste of time and effort. Misleading and inaccurate labels and descriptions are the commonest type of fault nowadays. The general quality of most food and drugs has now reached a high level. There still seems a need for regionalisation of sampling in regard to many similar products. Indeed, one could forsee, with probable benefit, the setting up of regional analytical centres having organised sampling carried out from such centres. The number of Analysts could be reduced and better co-ordination of sampling would be possible with a greater control and saving of manpower and finance.

Following up the discussion last year on the use of index numbers or letters for pre-packed goods, there now seems a general use of private codes by most reputable firms, some of whom seriously suggest the use of a second private indication by the retailer as a safeguard to stock rotation. This can work reasonably well and where practised seems to improve stock rotation.

**Frozen Food Cabinets**

There is growing interest in the storage, sale and display of frozen food commodities in deep freeze cabinets. Many retailers have a good sale for such frozen foods. It appears all too common, however, for cabinets to be overloaded above the safe load line marked on cabinets. Retailers often appear to ignore the line and pile up pre-packed foods which become liable to reach a temperature which could affect general marketability.

This has not so far proved serious but packing firms are very anxious to encourage adequate precautions against undue rise in temperature before sale so that the food reaches the consumer in safe and attractive condition. Firms advise their retailers from time to time on points of importance. This Department also proposes, early in 1962, to send out to all retailers of frozen food in the City, a stencilled Code of Practice on the care, presentation and sale of these perishable foods.

**Bacteriological Investigations—The Public Health Laboratory Service**

It will be remembered that in the Report for 1960, an interesting series of sausage samples were investigated involving the estimation of bacteriological content of both beef and pork products. Contamination of these products with pathogens, in a process which is usually highly mechanised, appeared fairly conclusive when actual handling of the food by staff became necessary. It is known that large firms take considerable precautions to prevent such contamination, there being rigid control of personal hygiene in their factories. Special barrier creams have been found very effective in reducing bacterial flora on the hands of staff. Even without such precautions, constant pressure on staff by means of hygiene slogans, regular personal inspection and constant sampling, can

achieve good results. It is a tribute to the success of such work that comparatively little major illness can be attributed to ingestion of these prepared meat products, despite the enormous quantities which form such a large part of the regular diet of many thousands of the population.

As mentioned last year, variation in number and type of organisms to be found in much sausage meat must be accepted and seems, in fact, inevitable; but there is still a very real need for continued care and thought in the control of the preparation and sale of this type of food. It is imperative that every possible step be taken to prevent the presence of dangerous pathogens as even isolated incidences of careless hygiene and lack of thought may all too easily infect large numbers of the population.

15 samples of sausages were taken for bacteriological investigation, 8 being of beef and 7 of pork. Average counts proved greater than 5 million organisms with the presence of faecal coli in 12 cases out of 15. Staph. aureus was isolated in 10 cases, 4 of these being in pork products, and 6 in beef sausages. Clostridium Welchi were present in 9 cases (4 in pork and 5 in beef products). No organisms of the shigella or salmonella groups were isolated from any sample. All samples were from local manufacturers.

**Merchandise Marks Act**

736 (798) visits were made during the year in connection with the marking and display of certain foods in the City. There is little need for comment other than to say that a number of enquiries were received from retailers who obviously realise the need for correct description in the sale of their goods. In general there seems little serious contravention.

## Foodstuffs Surrendered for Destruction

| Commodity | Weight in lbs. | |
|---|---|---|
| Beverages | 9½ | |
| Biscuits | 12 | |
| Cereal | 9¾ | |
| Cheese | 296¾ | |
| Confectionery | 407 | |
| Fish | 386½ | |
| Flour products | 732¼ | |
| Fruit | 278¾ | |
| Jam | 1 | |
| Meat Manufactured | 196½ | |
| Milk, Powder | 25 | |
| Pickles | 4¾ | |
| Poultry | 228¾ | |
| Sauce | 1¼ | |
| Sausages | 141½ | |
| Sugar | 3 | |
| Vegetables | 261½ | |
| Miscellaneous | 33¼ | |
| | | 3,029 |
| Canned— | | |
| Meat | 3,043 | |
| Fruit | 4,117½ | |
| Vegetables | 1,535¾ | |
| Fish | 225¾ | |
| Milk | 750¼ | |
| Jam | 837½ | |
| Soup | 196½ | |
| Miscellaneous | 186¼ | |
| | | 10,892½ |
| | | 13,921½ |

Most of the foodstuffs were disposed of by deep tipping, under supervision, by arrangement with the City Cleansing Superintendent.

A certain amount of material was incinerated at a local hospital.

### (v) Markets

It is now possible to confirm that some improvement is on the way in connection with the fish stalls at the Covered Market in the town centre. This work, when carried out, should round off the general improvement work which has been carried out over the last year or two. The Market continues to provide a popular centre for shopping and shows greatly improved appearance with better display features and food handling arrangements. The Open Market at the Oxpens continues on each Wednesday and regular visits are made in order to control the circumstances under which food is sold from individual stalls. Most regular stall-holders now comply with our Regulations and only occasionally is it found necessary to reprimand new stall-holders in connection with certain failures. Co-operation with the Market Superintendent continues in a satisfactory manner.

The number of food shops and stalls in the markets are as follows:—

*Covered Market—*

| | |
|---|---|
| Butchers .. .. .. .. .. .. | 12 |
| Fishmongers and Poulterers .. .. .. | 4 |
| Fruiterers and Greengrocers .. .. .. | 13 |
| Grocers .. .. .. .. .. .. | 2 |
| Restaurants .. .. .. .. .. | 3 |
| Cake and Confectionery .. .. .. .. | 4 |
| | 38 |

*Open Market—*

| | |
|---|---|
| Fruiterers and Greengrocers .. .. .. | 8 |
| Confectioners .. .. .. .. .. | 3 |
| Biscuit and Cake Stalls .. .. .. .. | 2 |
| Grocers .. .. .. .. .. .. | 1 |
| Ice Cream Dealers .. .. .. .. | 1 |
| Fishmongers .. .. .. .. .. | 1 |
| | 16 |

**Fertilisers and Feeding Stuffs Act**

From time to time inspections of fertiliser and feeding stuffs displays were made on the premises of retailers but no samples were taken during the year, mainly due to pressure of other duties.